

# THE MEDICAL AND SURGICAL REPORTER.

No. 1825.

PHILADELPHIA, FEBRUARY 20, 1892.

VOL. LXVI.—No. 8.

## CLINICAL LECTURE.

### MULTIPLE NEURITIS.

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Gentlemen:—The disease which I will take the pleasure of showing you a few cases of to-day, was recently spoken about in the Society for Internal Medicine by Dr. Senator, and called forth a most animated discussion. Dr. Senator showed two specimens which gave evidence of an especially aggravated affection of the muscles. The same was manifest in a decided hyperæmia of the vessels running between the single muscle bundles, a collection of circular cells around these and the appearance of seed-like growths resulting from "pressure-atrophy" of the muscular fibres. Especially in the second preparation demonstrated by Dr. Senator, the primary symptoms had been pains in the muscles, while evidences of a morbid condition of the nerves, such as pain or pressure or anaesthesia were absent and only appeared at a later stage of the disease. Dr. Senator, therefore, expressed his opinion that in a certain class of cases of multiple neuritis, the disease finds its origin in an affection of the muscles, and starts with being confined to the muscles, and that it is only at a later step the nerves are attacked. He is also the opinion that apart from the acute or subacute polyneuritis, there exists also an acute infectious polymyositis.

If we stop a moment to glance at the overwhelming amount of literature which has been published during the past few years on the subject of multiple neuritis, we will find that the increase of knowledge gained is due, primarily, to the greatly increased symptomatic complex, and, secondarily, to our knowledge of the patholo-anatomical change occurring in the disease. The well-known work of Leyden, and later of Duchenne, has enabled us to class those affections formerly

termed as acute and sub-acute spinal atrophy and acute and sub-acute anterior spinal paralysis, under the head of multiple neuritis, and so most recently the effort has and is being made to pay special attention to changes in the central nervous system, and especially in the spinal cord, in cases of multiple neuritis. Leyden in his work, and after him Oppenheim, have not infrequently recorded changes in the gray substance of the cord, which consist in certain alterations in the cells. In some cases hyperæmia of the gray substance and also isolated points of myelitis were found.

All the same it does not seem probable that these changes in the cord were the starting point for the morbid process in the peripheral nerves. Of special interest are certain changes in the white substance of the cord which have been frequently observed by recent investigators and to which, lately, more importance has been placed.

The last writer in this field, whose work I have in my hands, is Pal. He claims that these changes of the substance of the cord constitute the principal factor through which we must seek to determine the pathogenesis of multiple neuritis. He cites the history of eight cases in his monograph upon the subject in four of which he obtained *post-mortem* examinations, and in all forms of these he found distinct changes in the substance of the spinal cord. The changes consisted in one case in hyperæmia of the gray substance with capillary hæmorrhages in the posterior and anterior horns; in a second case they consisted in a partial degeneration; in a third case there were also extensive degenerations of the gray substance, both in the cervical and lumbar regions. Pal expresses the opinion that the toxic element in multiple neuritis, may affect different points in the nervous system in succession or simultaneously.

It is interesting to note, in this connection, that the degeneration of the cord is not a general or progressive one, but that it occurs at separate points, often distant from one another.

If such changes are of frequent occurrence in this disease, the symptomatology becomes at once much more complex.

It will be seen that we can have a complication of tabes and multiple neuritis—or a neuro-tabes peripherica. I am reminded of the works of Dejerine and others who have demonstrated a morbid process of the sensory as well as the motor nerves in cases of tabes neuritis, so that in the course of tabes a motor paralysis resulting in subsequent atrophy can occur.

Clinically also is it sometimes difficult for us to determine whether we are dealing with neuritis or tabes. In this respect, I do not refer to the similarity of the more gross symptoms, such as pain, loss of the knee-jerk, paralysis of the optic muscles, but to others, such as bladder troubles, gastric irritability, girdling pains, etc.

I had a case not long since in this clinic, in which there had been gastric trouble for years, but which after the manifestation of the girdling pains about the waist lead to a diagnosis of tabes. Later, however, Dr. Remak was able to detect degenerative atrophy in the forearm and also in the lower extremity, so that the final diagnosis of multiple neuritis was reached. We come now to a demonstration of the cases. I will begin with those cases that ended fatally, the results of these autopsies I have here.

CASE 1. The patient from whom I obtained this microscopical section, is interesting to us on account of peculiar changes, which have been recently observed in other cases of multiple neuritis, to which Korsakoff first called attention. These are seen most frequently in cases of alcoholic neuritis, and especially in the infectious forms of neuritis. They are also observed in neuritis consecutive to ileo-typhus, and in those forms of neuritis in which toxic substances are taken up in the organism, as after abortion, etc.

This complication is remarkable for the following symptoms:

In one series of cases there will be a manifest weakness of the psychical sphere; the patients are sleepless, easily excited and put out of sorts. In a second series of cases there is a want of collectiveness and consistency regarding time and place, and a sense of confusion. In a third series, the patients will show great forgetfulness, they can under certain circumstances answer promptly and coherently, and then again will show absolute ignorance of most recent occurrences.

Korsakoff states that this complication so completely masks the symptomatological picture of multiple neuritis as to render a cor-

rect diagnosis most difficult. Besides these symptoms the patient is usually greatly emaciated, has an uneven, quick pulse, and suffers from persistent vomiting. All these symptoms were present in the case I have just demonstrated.

CASE 2. The patient was 50 years of age, who had the year previously been admitted, on November 26th, to the City Hospital of Berlin, located at Urban. The disease had begun on about the middle of August with pains in the limbs; eight days later he could not walk, and six weeks before his admission to the hospital physical disturbances had begun to manifest themselves—he became confused, and there was an inability to keep his mind fixed upon any certain subject.

Upon examination a high degree of amnesia was observed, he had forgotten things which occurred but recently, he did not know where he was, and, coupled with these psychic disturbances were all the symptoms of a well-developed case of multiple neuritis. According to his wife, the patient was a pretty hard drinker, and in former years there seems to have been some syphilitic affection. There was a high degree of weakness in the lower extremities, the knee could be only slightly bent, and there was a decided diminution of the sensibility of the limbs. The reflexes were absent, with the exception of a very slight reflexes of the sole of the foot; knee-jerk was absent, the nerve roots were very painful upon pressure.

In the upper extremities there was a marked atrophy of the extensors of the forearm and of the small muscles of the hand. The weakness of the limbs—especially of the upper extremities—increased materially. The patient became weaker and weaker, and soon went into a condition of violent delirium and gradually sank under manifestations of profound prostration. On the last day of his life his pulse was 120, respiration 48, and temperature 38.70° C.

The autopsy, apart from a flabby heart, showed but few microscopical changes. Even the nerves, as far as the naked eye was concerned, showed no morbid changes. The following nerves were examined microscopically: the crural, perineal, ulnar and radial, and show from their roots to their endings a high degree of degeneration—principally in a degenerative loss of the white substance of Schwann. The muscular substance was but little changed. The cord was intact. The brain showed no marked pathological changes.

CASE 3. This case is that of boy, 14 years old, who came to the hospital on August 14

last year. As you see, in this patient there has been a gradual but unusual degree of polysarcia, not only of the extremities but of the trunk, so that any one of you who now see him for the first time, might well imagine, on account of the general condition of the muscular tissue, that we are dealing with a case of Erb's progressive muscular dystrophia. At the time of his admission to the hospital the maximum circumference of the calf of the leg was 24½ centimetres, and since being here there has been an increase of 10 centimetres. The circumference of the thigh has also increased 5 centimetres. The patient cannot ascend a step without assistance. There is a comparatively well-marked lordosis in the region of the lumbar vertebrae, similarly as in cases of dystrophia of the muscles. When seated in a chair and asked to rise without making use of his left or sound arm, he is unable to do so on account of the extreme paretic condition of the muscles of the back—in this peculiarity we see a similarity to pseudohypertrophy of the muscles. You see also the stone-like appearance of the calf as in case of pseudohypertrophy of the muscles. But we are not dealing with this disease in this case, which is one of multiple neuritis.

The right arm is entirely paralyzed, the only movement possible being a weak contraction of the fourth and fifth fingers, while the muscular atrophy of the arms is greatly hidden by the large amount of fat; still that of the deltoids is plainly to be seen, especially when the arms are held horizontally. The gait of the patient is very peculiar. In consequence of the great weakness of the extensors and flexors of the foot he does not walk normally, but rotates his legs outwardly, and in bringing each leg forward describes half a circle, and walks with his feet far apart. This peculiar gait is associated not only with a weakness of the muscles of the feet but also with a weakness of the psoas muscles.

The patient says that the disease was originally caused by working in the wet. He was compelled to stand for a long time in water, and felt ill immediately afterwards, and was compelled to go to bed. In a few days he felt a tingling sensation in his right arm, and two days later was unable to move it. After lying in bed for twelve days, he endeavored to get up, but fell to the floor immediately. At the hospital we found a complete paralysis of the right arm, and a weakness of the left, especially in the shoulder, and also a decided diminution of the motor power of both the lower extremities. In the left upper extremity, the elbow could be moved

pretty freely, and the hand and fingers could be stretched and bent, but supination was most difficult. Triceps reflex was entirely absent from the right arm, and only very slightly present in the left. Patellar reflexes absent in both limbs, also foot reflex absent. Both flexion and extension of both feet almost entirely impossible; in the left leg the knee and hip-joint could only be slightly bent.

What was most striking in the case was the intense painfulness of the muscles, and also of nearly all the nerve trunks, so much so that the patient would cry aloud if touched even most gently. Even the skin was exquisitely sensitive. While the tactile sense was normal, there were also intense spontaneous pains in the muscles, especially when the fingers were moved, also paresthesia in the form of tingling and creeping sensations in the lower extremities. The pupils were equal and reacted normally to the light. Temperature normal. Pulse fluctuates between 68 and 76.

The patient is being treated with faradism in connection with a constitutional treatment. When admitted to the hospital he weighed 29.5 kilogrammes, and now, after a year's sojourn here, weighs 52 kg., his gain being 22.5 kg. This enormous polysarcia, caused by the long confinement in bed, coupled with a very rich diet, completely hides the atrophy of the muscles. The prognosis of a restoration of the paralyzed parts is poor. The boy is, however, learning to write with his left hand.

CASE 4. This case shows better results in the amelioration of the paralysis. The patient is a driver, 29 years old, who had a most severe attack of tubercular neuritis. The patient was twice in this institution, first in October of 1890, during which time he was treated for pulmonary catarrh. Two months after his discharge (which was in December), he returned again, but this time with a totally different condition: Both upper extremities were entirely paralyzed, and the lower extremities paretic in a high degree, so that they could hardly be lifted from the bed. There was a slight paresis of the facial muscles, hoarseness in consequence of a paralysis of the left vocal cord. Further, great painfulness of the muscles, as well as painfulness of the nerve trunks. Patellar reflex but very slight. The patient has a good deal of spontaneous pain, and could not sit up. Under a careful nutritive therapy these symptoms gradually abated, although the phthisis from which the patient was also suffering in no way improved. As the paralysis lessened he had frequent attacks of hemoptysis. There now only remains a weakness of



the hands, especially of the extensors. The physical condition of the patient has also improved.

**COLLES' FRACTURE.—BURSITIS OF  
WRIST.—RICE-GRAIN BODIES.—  
SCIATIC NERVE-STRETCHING.**

BY ROSWELL PARK, M. D.

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*Gentlemen:* I have brought this case before you in order to illustrate some of the untoward results of fractures. This woman is 52 years old and she tells me that ten weeks ago she fell and hurt her wrist, which swelled somewhat during the night. The next morning she consulted a physician who diagnosed a fracture of the fore-arm, put on a long anterior splint, and told her that it would "come out all right." Ordinarily fractures in which the lower end of the ulna or radius is involved, result from falling upon the palm of the hand with the arm and hand extended to save one's self. In this particular instance, however, the fall was upon the back of the wrist and the lower end of the ulna while the hand was flexed and pronated.

As I hold her hands up symmetrically, you notice a marked difference in the contour of the two wrists. I cannot rotate the injured hand outward as much as I can the other. There is not much alteration in the appearance of the radial side of the wrist, but from a palpable thickening of the lower end of the radius, I infer that the patient had at the time a Colles' fracture. As my predecessor in this school, Dr. E. M. Moore, so earnestly and so eloquently taught, the most important lesion of a Colles' fracture is often the complication of displacement or even fracture of the ulna. Occasionally the internal lateral ligament is perforated by the styloid process of the ulna and this process may even be broken off by the violence. Occasionally we have a compound dislocation of the ulna, compound in the sense that the styloid process, after perforating the internal lateral ligament, perforates the skin also. Usually when there is trouble with the ulna as well as the radius, the damage is rather on the dorsal aspect of the wrist than in front. Whether there was fracture of the ulna in this case I do not know, but there is no non-union at present. I take it that, instead of being fractured, the ulna was dislocated forward, and whether the dislocation was reduced at the same time that the fracture of the radius was dressed I do not know, but

now I find a condition of subluxation of the lower end of the ulna in combination with a good deal of thickening and callus formation about the lower end of the radius and sufficient binding of the bones to prevent much rotation of the forearm. Flexion of the fingers and movement of the thumb are much interfered with by adhesions of the tendons within the tendon-sheaths. These adhesions have followed a tendo-vaginitis at the point where the sheaths pass in front of or behind the parts most injured.

There is enough in this case for a whole morning's lecture. Unfortunately I have not time for that, but I show you the case hastily, first, because it illustrates the result of some of the complications of Colles' fracture, secondly, as a text for further discourse on the proper treatment of such cases, and thirdly, that we may consider what can be done at present for the relief of the patient.

Our worst results after Colles' fracture are encountered in patients of advanced age rather than in early life, and persons of the age and build of this woman are, unfortunately, predisposed to the formation of fibrinous exudates which are thrown out easily and absorbed with difficulty. Questioning her with regard to rheumatism, I find no history of anything more than considerable pain in the left shoulder and she has never had any acute attack. A person with the rheumatic diathesis, who has had in the past an acute attack of the disease, is much more liable to have involvement of the tendon sheaths following an injury of this kind than are persons without the diathesis.

What can be done to relieve the existing state of affairs? If the patient were quite young and vigorous I should advise anesthesia and forcible flexion and extension, and perhaps efforts to restore the ulna to its place and hold it there. But ten weeks have now elapsed since the accident and the patient through in ordinary health, is neither young nor vigorous, and there is not enough prospect of success with that form of treatment to make me feel like urging it upon her. A more serious and more radical but more hopeful operative procedure would be to resect the lower end of the ulna so as to render greater movements of the wrist possible. The patient hesitates about undergoing any operation, however, and I have advised her therefore to wait a while, to soak the hand and fore-arm twice daily in water as hot as she can bear it, and to follow this with various manipulations of the fingers and wrist for half an hour. The patient says she has rubbed the hand, but on questioning her about the



movements she has used, it becomes evident that her manipulation has been of a very superficial and unsatisfactory kind which might serve to relieve itching or numbness, but which would have no effect on the deep tissues. If it were practicable, I would advise manipulation by a skilled masseur, but on account of her means it will be necessary to teach her how to make the necessary movements herself, and I will, therefore, demonstrate them to her and to you at the same time. Beginning at the end of each finger a combination of pinching, kneading and rubbing should be carried out, moving toward the wrist. Four or five minutes should be spent on each finger and at least as much time on the palm and back of the hand, and five minutes more about the wrist. The same manipulation, with greater amplitude, should be practiced on the forearm. She should also try to make movements of pronation and supination. I have advised her to carry out this plan of treatment faithfully for three or four weeks, and if in that way she gets motion enough to satisfy her, there is no reason why I should not be satisfied. On the other hand, if she does not receive the prehensile power of the hand, or if she wishes a more movable hand and forearm than can be obtained by the manipulations which I have suggested, then she can return to the hospital and I will remove the lower end of the ulna and, at the same time she is under the anæsthetic, break up the adhesions in the tendon-sheaths.

#### BURSITIS OF WRIST—RICE GRAIN BODIES.

The next case is another illustration of injury to the right wrist, but of an entirely different character. The patient is a girl 18 years old, who four years ago fell in the classical way while skating. She broke no bones and was not much disabled at the time, sustaining simply a sprain of the wrist. Three or four months later, however, she began to suffer from pain, weakness and loss of function, and she is now totally incapacitated for her work, that of stenographer.

The circumference of the affected wrist has for three years been greater than that of the other. I find the enlargement to be due to a fluctuating swelling on the anterior surface of the wrist extending upward from the annular ligament. There is also thickening in the palm of the hand. A case similar in many respects to this you saw some days ago in the person of a young man with a tubercular gumma of the arm and a swelling above and below the annular ligament. The gumma was completely excised, the swelling opened exposing freely the bursa in the palm

of the hand and under and above the anterior annular ligament. A quantity of glairy fluid was permitted to escape and the parts were then sewed up carefully. That patient recovered good use of the fingers, but as the case was markedly tubercular, there being a family history of consumption and the patient in fact having incipient phthisis, the general prognosis was not favorable.

In this girl's case, however, there is no family history of tuberculosis, and her general health is excellent. We have the same anatomical condition, dropsy of the synovial bursa about the wrist, but without the tubercular element. As I palpate this swelling there is a sensation of thickened fluid and I fancy that I distinguish in it rice-grain bodies which I have already described and shown to you in similar cases. It is difficult to account for them, and to my mind the only tenable hypothesis of their origin is that a sero-fibrinous exudate is thrown out which precipitates and forms little masses of lymph that are rounded off by friction until their appearance suggests grains of rice from which they have been named.

As I hold up the patient's wrist, you see a very marked protuberance and as I press above the annular ligament, there is a bulging out of the palm of the hand. There is a continuous bursa with a constriction where the annular ligament overrides it, and as I press the contents backward and forward I get the sense as of something—in all probability some larger fibrinous concretion—slipping through beneath the ligament.

In cases of this nature special care must be observed in regard to maintaining asepsis. A longitudinal incision is made in the middle line of the wrist anteriorly and the dissection carried down to a white glistening protuberance which constitutes the wall of the enlarged bursa. As I open into this a quantity of the little rice-grain bodies protrude in a mass, and by pressing on the palm and pulling at the collection with forceps I remove many more; I can see others still adherent to the walls of the cavity. I will therefore expose the exterior of the sac more clearly by enlarging the opening, and as an additional aid I will make an exploratory incision into the bursa through the palm of the hand. I dissect away as far as possible the living membrane of the sac, and the rice-grain bodies adherent to it. After irrigating the cavity with a bichloride solution, I close the opening in the wrist with a continuous catgut suture and apply an external antiseptic dressing in the usual manner. (This patient made a perfect recovery.)

## NERVE-STRETCHING FOR SCIATICA.

This is the man whom you saw a week ago when I stretched the great sciatic nerve for sciatica. The patient says he has suffered no pain whatever except a little soreness for an hour or two after the operation. He walks easily. We cannot consider the present state of the patient to be a final test of the success of the operation, but he suffered less pain when he regained consciousness from the effects of the ether than he had for some time previous to the operation, and from past experience we may be reasonably sure that he will not have an immediate return of the trouble; so that, whatever the outcome in a year or two, I am sure he will consider that the operation has been to his advantage. I know of no other treatment, medical or surgical, which gives the amount of relief from pain of chronic idiopathic sciatica which the operation of nerve-stretching affords.

## THE DUPARQUE PRIZE.

The *Gazette des hôpitaux* announces that this prize for 1893, amounting to 1,500 francs and a gold medal of the value of 100 francs, is offered by the *Société de médecine*, of Paris, for the best essay, written or printed, appearing during the year 1891 or 1892, on any subject connected with tuberculosis. Essays should be sent to the secretary, No. 3 rue de l'Abbaye, Paris, before December 31.

## CAPILLARY BRONCHITIS.

Dembitz recommends apomorphine as an expectorant for infants, instead of ipecac. His formula of administration is:

<b>R</b>	Apomorphini muriat.....	r. $\frac{1}{4}$ to $\frac{1}{2}$
	Aqua destil.....	f 5 iv.
	Acid. hydrochlorat.....	gtt. v.
	Syrup. simplici.....	f 3 i
<b>M.</b>	Sig. 5 i every two hours.	

Collapse need not be feared, and the apomorphia disturbs digestion less than ipecac. He considers musk the respiratory stimulant *par excellence*. He does not allow the infant to sleep too long at one time, or to lie a length of time in the same position.

If crying makes them cough sometimes, it is all the better. The child should be carried about and its position frequently changed, in order that the secretions may be given less opportunity to settle down and occlude any one part of the smaller tubes. Much mucus may be expelled in producing increased movement of the chest-walls by means of pressure applied to the chest, like artificial respiration.—*Virginia Medical Monthly*.

## COMMUNICATIONS.

## A FEW OBSERVATIONS ON DISEASES WHICH IMPLICATE THE HIP, KNEE AND ANKLE JOINTS DURING CHILDHOOD.\*

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The study of the diseases of the joints has always been full of interest to the observing and progressive student of the healing art; and, when one views the field and notes the vacillating notions from one generation to another which have prevailed with regard to their etiology, and the varying therapeutic measures resorted to for their relief, our interest is increased, though we must confess that our knowledge of them is not proportionally extended.

Physics and chemistry have placed at our command facilities for accurate observation; yet even among those having the most extensive scope for clinical study, there is nothing like a unanimity of opinion, either with respect to the fundamental causation or most appropriate therapy in those joint lesions so common in children. Hence, among many, the old-timed liniments, salves and lotions, still hold their own; the bandage, splint and weight fixation.

The hip-joint is the deepest lodged and most powerful in the body. The knee-joint has the most extensive ligamentous and tendinous connections, and, for its great size, is the most exposed. The ankle-joint, like the knee, derives its main support from the tendons, which serve as stays. The whole weight of the body, in locomotion, is borne alternately by this articulation. The overlying and subjacent structures play an important rôle in joint disease; it is necessary that they be considered before their pathology is entered into.

In a general way a joint consists of bone, cartilage, synovial membrane, muscles, tendons and ligaments.

Large blood-trunks and nerves of great size pass immediately, posteriorly and anteriorly, to the articulation of the hip and knee. The head of the femur in the cotyloid cavity, is largely supported by and buried under an immense mass of muscular tissue. From the point at which the muscles taper into sinews, the tendons to their inser-

\* Read before the Harlem Medical Association January 6, 1892. Dr. M. C. O'Brien, President.

tion into their periosteal attachments, are enclosed in thin, elastic, delicate sheaths, which are designated thecae. Bursae, of various size, lie along the tendons.

The epiphyseal ends of the long bones, those parts of the shaft which enter into the formation of the joints in the growing child, are soft, spongy and highly vascular. Recent investigations demonstrate beyond a doubt that minute lymph channels freely penetrate into the cancellous tissue of growing bone. The joints are freely supplied by nerves. As the growth of all shafts of bone is from their ends, their vascular feeders at these points are large and abundant.

Having outlined a few of the gross structures and anatomical elements, the various pathological mutations, of which the joints are the seat, may now be more easily defined and readily comprehended.

We have seen that the joints are passive in function, simply serving a mechanical purpose, as the lungs do one which is chemical, but that they are, on the contrary, acted upon.

The three great systems—the vascular, nervous and osseous—are active factors in these maladies. Immobilization, mechanical rest, massage, electricity and exercise, religious invocations, intra-dermic, hypodermic and intra-articular injection of medicated solutions; direct dieting and constitutional remedies; surgical intervention, either palliative or radical; the simple puncture or incision, to the complete sweeping away of the entire joint, have each and all their votaries and partisans.

Thus, we see, swayed by diverse and dissimilar theories—one appealing to psychological influences; another to constitutional measures; another to absolute, enforced rest of the limb; and another to moderate motion, or local stimulation, biding time for arrest of the disease. One class, and until very recently the most numerous, regarded tubercular or scrofulous disease of the articulations, as infectious or incurable, and demanding radical and extreme measures for its relief.

In this conflict of opinion and practice, it is quite evident that anything but a common ground has been reached. We must be largely guided by our own judgment, and in each given case examine minutely into its pathology, then adopting such a therapy as will most rapidly and safely lead to a restoration of healthy function in the articulation or its adjacent structures, a brief consideration of which is here undertaken.

Diseases of the joints are functional or organic, acute or chronic. They are nervous,

osseous, arthritic, osteo-arthritic, synovial or muscular in origin.

The best known authors on pathology recognize constitutional causes as the predominating in joint diseases, though there are a few who stoutly maintain that morbid processes in the articulations are often attributable to local injury or traumatic influence, besides those who allege that in tubercular diseases of bone, the bacteria are alone responsible. There are many varieties of arthritic and synovial inflammation which are associated with, or dependent upon, acute febrile diseases, such as rheumatism, scarlet fever, and others. There are other phases of joint incapacity, which seem to be chiefly neurotic in character. And there are cases of restricted motion with incipient degenerative changes in the overlying parts wherein there is actually no morbid process whatever going on within the synovial capsules. It has been conclusively demonstrated that there are separate and well defined motor centres in the brain located on the cortex. It is claimed that they preside over distinct and limited areas of the body.

Disturbances of the normal processes in the cerebro-spinal axis, congenital or acquired, may manifest themselves externally by the non-development, distortion, and wasting of a limb. The long fixed, overstrained state of the extensor muscles, with trophic annoyance will in time result in total loss of function. In all those of chronic spasm of flexor, rotator, or adductor muscles, of a congenital origin, there is associated with it clear evidence of mental deficiency or perversion. This class of cases should scarcely be grouped with joint diseases *ab initio*, but as the deformity resulting is most apparent in the articulations and the joint's utility destroyed, I have thought well to direct attention to it, as a condition whose pathological dependence is remotely situated.

There are many varieties of joint affections which are associated with constitutional disturbances; some of a transient and others of a chronic character.

These diseases may be divided into acute inflammatory and chronic, or diathetic. Among the former we find that in "La Grippe," or influenza, at the outset of an acute attack, very often the knee-joints are painfully sensitive; in acute inflammatory rheumatism (we include that disease which is pathologically characterized by always attacking the fibro-serous structures in the beginning, and thence spreading to contiguous parts), also, cerebro-spinal meningitis, when the disease manifests signs of abatement all the joints of the body are exquisitely sensi-



tive. The exanthematous fevers in childhood are occasionally followed by arthritic diseases.

Among the chronic affections with which articular disease is intimately connected are gout, scrofula, syphilis, and malaria.

Besides constitutional maladies, the health and movement of a joint may be seriously jeopardized by local pathological changes along the muscle planes, the nerves, and blood-trunks, the shafts of bones, and cellular membranes which supports and encloses it. Local changes in the parts which lie between the hip and knee, the knee and the tibio-tarsal articulation or beyond this point induce a partial loss of joint action, and give an impression to the inexperienced that the articulation itself is implicated, while, as a matter of fact, its elements are wholly free from organic change.

These pathological changes in the extra-articular structures depend either on alterations induced by injury or local diseased conditions. Thus we may witness impaired motion or strength in a joint in close proximity to, or remote from, a fracture. Pressure, laceration, or rupture of nerve, muscular, or vascular tissue gives rise to inflammation in the cellular tissues, to spasm, neuralgia, or paralysis of the muscles supplied by the injured nerve. In periostitis, inflammatory action is propagated outwards by the lymphatics, and efferent vessels to the inter-muscular spaces, and a free plastic exudate is widely diffused in every direction. When this is completely absorbed impediment to motion does not follow; but, if it be in great amount, and becomes organized, the easy, gliding movement of the muscle is interfered with by extensive bands varying in size, direction, and consistency.

Neuralgia, anaesthesia, or hyperaesthesia may extend into a joint by transmission through a contused, torn, or inflamed nerve, or its neurilemma.

So complex and important are the various pathological changes of a constitutional nature located along the shafts of bones, in what may be designated inter-articular spaces, that to enter into each in detail is beyond the scope of my essay. He who is not fully acquainted with them, their precise nature, their histological and molecular composition, and ceaseless changes, with their influence on the nutrition and development of disease of arthritic structures is not qualified to deal with many conditions about the articulations, which, if thoughtlessly or unskillfully treated, will lead to atrophy, to a crippled state, or even loss of a limb.

#### MALADIES INVOLVING THE HIP-JOINT.

The hip-joint, although the best protected and deepest lodged in the body, in early life is more often the seat of functional and organic disease than any other in the lower extremity. The majority of the affections which interfere with function of this articulation are trivial or temporary, such, for instance, as rheumatism, neuralgia, or idiopathic inter-muscular inflammation of an evanescent character. From traumatism arise contusions, moderate cellulitis, or synovitis.

In strumous children tubercular disease in this joint occasionally works great havoc, attacking in varying degrees the osseous, arthritic, and synovial tissues, and ending in serious cases, in distortion, ankylosis, shortening of the limb, or even the loss of life.

For a long time it has been well known that there was a close clinical and pathological affinity between ulcerative disease in the joints and pulmonary phthisis, but not until recently has it been definitely determined by the microscope that the pathogenic germ of each is identical. It was supposed that the relation between pulmonary and strumous disease in the joints having been established, hereafter our therapeutic resources would be extended, and we would proceed to treat joint diseases by precise and scientific methods. Accordingly, there has been no end to the theories which have been wrought to explain the pathology of this mysterious disease, and plans of treatment for its arrest or extinction. Its heredity had been denied. It was said to be infectious and contagious. Some alleged that it was disseminated by the lymphatics; others, by the vascular system; that it might enter the system through any of the various orifices in the body—the mouth, rectum, urethra, or vagina,—through the atmosphere, ingesta, or semen, through an abrasion in the integuments or mucous membranes, and even through the placental circulation to the fetus.

Hence, a tubercular disease in glandular or other tissue, when accessible to the scalpel, the gouge, or cautery, was eagerly sought and swept away. The discovery of the tubercular bacillus, and the new therapy which was invoked to meet it, gave an immense impetus to operative surgery, and enormously swelled the number of cases demanding surgical intervention. In fact, tubercular disease of nearly every organ except the lung came to be regarded as no longer a malady to be managed by the physician, but belonging exclusively to the surgeon.

After all, the main question has not yet been answered, and many of the allegations of modern enthusiastic investigators rest on

such unstable deductions that we are, in this regard, at present, in a state of great uncertainty.

No one has yet demonstrated to us why tuberculosis manifests a special predilection for the lymphatics of the neck and the osseous system in childhood, and the pulmonary parenchyma in the adult.

It is a great mistake to assume that every phase of tubercular invasion of any of the structures going to make up the articulation at the hip, is "hip-joint disease." In medical nomenclature the term is often vague and meaningless, but to the laity of serious import. Now, if we proceed, when we are assured that our little patient has tubercular implication at the hip, with active, or misdirected, mechanical treatment, we may induce a condition as bad or worse than the one we are endeavoring to prevent, and may cripple our patient for the remainder of his life.

Tubercular disease may manifest itself in the anatomical elements of the hip-joint, in manifold phases, as it does in the pulmonary organs. The invasion may be confined to a very limited area, never passing from the inflammatory to the ulcerative stage, and giving rise to little, if any, inconvenience. In fact, it may be entirely painless. In a second class of cases, the synovial capsule alone is involved, and so we will have an effusion. This, as in the preceding phase, undergoing resolution, the effused fluid being absorbed and function regained.

With the third class, the disease is serious. Here we will have participation of the osseous and cartilaginous elements, the perichondrium and periosteum. It will generally be noted with this group that from the very onset the nutritive processes are at a low state and the system is saturated with tubercle. Here the germ action gives rise to a low grade of diffuse inflammation which indiscriminately involves all the tissues, but is specially destructive to the epiphyseal ends of the bone. The inflammatory action is but feebly resisted by vital processes and in a short time takes in ulcerative changes, reducing the tissues to a caseous, pulpy, or fluid consistency. Now, the ultimate outcome with these cases will depend on the patient's inherent resisting power, surroundings and treatment.

The best that we can accomplish when the disease takes on these great changes, is to arrest it or modify its violence, as we cannot restore what it has already destroyed. As the fluid which accumulates in these cases is not septic and if not found in too great quantities may be absorbed with impunity, unless

it is in close contact with necrosed bone, and is disposed to infiltrate healthy tissues, it should be left undisturbed within its capsule.

In that class of cases of the tubercular invasion at the ileo-femoral articulation in which the area involved is limited, the symptoms announcing its advent will vary in duration according to the situation and the structures which are implicated will depend on the amount of resistance which it encounters, or whether congestion runs into inflammation or inflammation into ulceration. When the periosteum is the part primarily invaded, pain is always present and of an aggravated description. Should the original diseased focus lie along the muscle sheath and outside of the capsule, not infrequently an abscess will form that may either impede absorption or, in time, point and break. With final collapse of its walls and the cessation of supuration, the full functional use of the joint will be rapidly regained. In the second class of tubercular affection at the hip, the synovial membrane and the fibro-cartilaginous structures are the principal seat of pathological changes. The synovial fluid may be secreted in such quantities as to induce pressure on contiguous vessels; hence, seriously interfere with the nutrition, principally of the arthritic and osteo-arthritic structures. When synovial inflammation of this description fails to undergo resolution, the accumulated fluid may take on molecular changes of a chemical or bacterial character.

In mild types of tubercular synovitis in a well-fed, vigorous subject, there is no reason to assume that it is not amenable solely to appropriate constitutional and local remedies.

The third and last type of tuberculosis involving the hip, that which usually terminates in necrosis, ankylosis, or spontaneous dislocation, considerable shortening of the limb may occur. Death of the patient is seldom or never encountered, except in those of a pronounced inherited strumous cachexia, or acquired through degenerating influences, as bad air, non-nutritious and insufficient diet. With patients of this description, the advance of tuberculous changes is usually rapid and destructive. It seldom abates until some important anatomical structure has been seriously compromised, the head of the bone being often destroyed, the osseous floor of the cotyloid-cavity is occupied by caries, and the perichondrium, cartilage and ligaments having undergone partial or extensive disorganization. While these changes have been advancing in the anatomical elements of the joints in consequence of the enormous cellular hyperplasia which is pro-

pagated from the fibrous elements at the articulation, the cellular tissues and circumjacent structures, present a tumid, swollen appearance. The weakened walls of the main venous trunks, either from pressure or want of elasticity, give rise to stasis in the capillary circulation, so that a sort of inflammatory oedema is always noticed in severe cases.

Through the free plastic exudate, so freely thrown out and partly organized in the inter-muscular spaces, and the prolonged inactive state of the limb, the muscle-sheaths fuse together. The contained muscle atrophies, contracts, or if forcibly restrained from action over a very protracted period of time, will undergo fatty, or fibrous interstitial degeneration.

The nerve-cylinders, like the arterial walls which pass in close proximity to the femoral head, manifest great resisting power and, except as a consequence of considerable pressure or tension, escape morbid changes.

The lymphatic glands form the entire lower extremity and the ileo-femoral articulation are drained through two systems of absorbent vessels; the peripheral and the deep. In superficial, tubercular implication at the hip, none but the superficial inguinal glands will become turgescient and greatly enlarged; but when the osteo-arthritis elements are involved, both the inguinal and the deep pelvic, mesenteric and retro-peritoneal glands, through septic infection carried along their lower lymph-channels, are greatly increased in volume, either by an inflammatory exudate into their stroma or by hypertrophic changes in the cellular elements, and great increase in their intercellular structure.

As a result of long-continued pain and exhaustive drain on the economy in hip-joint tuberculosis, or the same pathological process in any other of the major articulations, unless the system is well fortified and correct treatment is instituted, the internal organs will in time present signs of participation, particularly the kidney, by waxy degeneration.

Does tuberculous disease involving the coxo-femoral articulation or other joints arise from morbid changes *de novo* in the anatomical elements called into activity by certain constitutional or local conditions, or does it depend on a certain specific infection, the germs of which gaining direct access through the ingesta or otherwise, and carried to that part in which morbid phenomena first makes their appearance?

If the theory of the contagiousness of tuberculosis rests on a substantial basis which has been irrefutably demonstrated, then we must

answer that this osteo-arthritis disease always originates solely through an acquired contagion, the virulence of which is spent in early life on the articular structures.

It will be most commonly found that the subjects of tubercular disease in the joints inherit a strumous diathesis, have a frail constitution and, though frequently large eastern, they poorly assimilate their food.

Although, perhaps, the most serious and rebellious types of joint disease may be found among little children, crowded together and badly fed, yet it is of frequent occurrence among the opulent and in the most isolated sections of the country. Moreover, we seldom see children from parents who have lingered for months or years in their homes before they died of tubercular consumption. It may be said that the outbreak of this disease in the articulations arises from a local impression on a general condition; that certain children of a strumous diathesis may, after any of the exanthematous diseases, an injury, or after a severe synovitis or arthritis arising from cold which will fail to resolve, fall victims to tubercular disease in a joint.

In tubercular affections of the hip, or other joints, is there danger of the bacilli being taken up by blood vessels or lymph channels and being disseminated through the system, and carried to distant internal organs, as the lungs, the brain, or the kidney? If the disease appears first locally, with a tendency to a general diffusion, then, certainly, its early and thorough eradication is imperative. But there is no proof that visceral implication ever follows, as a secondary event, when a joint is diseased. On the contrary, it is alleged by some that when there are symptoms of tubercular invasion of the pulmonary parenchyma, and a tuberculous mass of bone or broken-down tissue is removed by complete excision, the pulmonary malady takes on a cumulative phase, gathers renewed violence, and promptly ends in the loss of life.

During the acute stages of tubercular disease in the hip-joint there are many pathological phenomena present in varying degrees which require an intimate knowledge of them if we would intelligently direct such measures of relief as will be attended with the greatest and most enduring benefit.

We will notice that in every case of tubercular disease at the hip-joint, regardless of whether there be loss of bone or dislocation, when the limb has been long immobilized, there will be more or less shortening. In other words, when, in the treatment of any morbid condition at the hip-joint, a fixation-apparatus is adjusted which permanently im-



mobilizes the growing limb, the enforced action and pressure of bandages or straps on the large blood-trunks will cause an arrest of development, or at least so retard normal growth that when the arthritic disease has come to a halt it will be found that the limb on the affected side will be wanting considerably in length when compared with its fellow on the other side of the body.

When the disease has been so destructive as to cause the disorganization of the *ligamentum teres* and the capsule, we will have dislocation of the head of the femur on the dorsum of the ileum, the acetabulum becoming obliterated, a new hollow for the dislodged bone being provided.

When the disease has passed from the inflammatory into the ulcerative stage, and its violence has been spent mainly on the cancellous or compact elements, the necrosed bone, if not removed by surgical intervention, may undergo a gradual disintegration, the non-septic fluid, fatty and albuminoid elements, being taken up by the absorbents and the residue as sequestra and fragments making their way through the soft parts, through cloaca in the new periosteal wall or sinuses, which will remain open until all of morbid material is thrown off.

[To be continued in the next issue.]

#### THE NECESSITY OF SURGICAL KNOWLEDGE IN GENERAL PRACTICE.\*

By R. J. JENKINS, M. D.,  
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In the exigencies of an active general practice in country districts, the general practitioner is often confronted with surgical injuries obliging him to render whatever assistance and resources may be available for the relief of suffering and the saving of life.

Such occasions bring to the test the poise of mind and practical character of the physician; and his reputation at such times may be weighed in the balance, and turned fortunately in his favor or unhappily against him.

It is in the experience of every practitioner to meet with surgical injuries requiring immediate attention, and sometimes in order to succeed in bringing needed relief, it is necessary that the medical attendant should be possessed of the most consummate knowledge and skill.

A large majority of the injuries occurring in the practice of the country doctor are so severe, and attended by so much danger, that the arrival of a specialist from a distant metropolis cannot be awaited; and whatever is done under such circumstances to lessen human suffering and to insure life can only come at the hands and good sense of the well-equipped, general practitioner.

The casualties occurring in a busy country practice have so often brought me face to face with living surgical problems. I trust a reference to some of them which I may be able to recall might possibly be of benefit to some of the younger members of our profession who are engaged in the general practice of medicine.

In a village about twenty miles distance from this place I practiced medicine for fifteen years, and many mishaps occurred to the people of that community in that time, and inasmuch as there were three stone quarries near by, in which many men were employed, and where such destructive explosives as dynamite are used, it can be conceived that many accidents would necessarily occur requiring prompt surgical relief.

In support of the proposition that gives this paper its title, I will briefly refer to only a limited number of surgical cases coming under my care as a general practitioner.

Twice in those years major operations were performed by myself, the necessity of which was caused by premature explosions of dynamite.

One case was the amputation of thigh at junction of the middle with its upper third; the other of the hand.

Both patients made a fair recovery, except that necrosis of the end of the femur occurred in the patient who had leg removed, which might have been avoided had the operator been more familiar with the details of the operation—and the patient would have certainly lived if his medical attendant had possessed the knowledge—making him see the danger in delaying the resection of the diseased bone, which was not done until the patient was overwhelmed with septicemia.

Among the many remarkable injuries demanding my assistance in that time was a gunshot-wound of the elbow, penetrating the joint, passing through the capsule and up beneath the periosteum, making its exit near the shoulder-joint.

The arm was removed in this case and the boy made a complete recovery.

Four cases of emphysema (who like the woman in the Scripture had suffered much at the hands of the physician) were effectually

\* Read before the Mitchell District Society, December 18, 1891.

aspirated, and all save one was restored to moderate health.

A cause for regret with me lies in the fact that I did three craniotomies on living children, the urgency of which was demanded by small pelvis and exhaustion of parturient females.

Taking a retrospect of these bloody transactions amounting almost to tragedies, how much better it might have been should I have known how to do Cæsarean section.

Other cases requiring immediate attention and depending on me, a general practitioner, were three cases of hydrocele, with acute perichorditis, and as one man died in that vicinity from the effects of a paracentesis scrotalis performed by a surgeon of some reputation in a neighboring city, it is easy to see how that circumstance militated against the operation, and with what trepidation I undertook the performance of such a plain duty.

The question of time is all-important in cases which from this severity demands immediate attention.

Procrastination is the most common element of danger; there could be no proper excuse for not being able to evacuate the bladder of a parturient female, which if not done might cause a rupture of that viscus during the severe pains of labor; yet, I once heard related by a professor to a class of medical students, that he was called twenty miles in the country to relieve the patient of a reputable physician in this condition.

No doctor, therefore, should be unprepared for a duty of this kind; a good medium size aseptic catheter should have a place in the pocket case of every physician, and he should become so expert in its use that he could introduce it with facility and without pain; and it should not be necessary to uncover a female whenever in such cases it must be used.

Other cases requiring immediate attention on the part of the family physician, and to which he should bring his knowledge of surgery, are: gun-shot and incised wounds of the viscera of the body, especially wounds of the abdomen; strangulated hernia and intussusception or internal strangulation of the bowels, also come under this head; and are so grave in their nature as to hold out no prospect for life, only when vigorous surgery is done.

In the same class belong sudden compression of brain, hæmorrhage from whatsoever source, foreign bodies in the larynx, trachea, or bronchi, all quickly ending in death if the resources of surgery are not employed to save.

Also in the department of obstetrics, where for the lack of this knowledge and skill, death has swayed his sceptre for centuries past.

Professor Nausbaurn, I believe it was, in speaking of the necessity of enterotomy and gastrotomy in cases of internal strangulation and other abdominal sections said that "thousands now lie in their graves, who have died from these distressing conditions, while surgeons stood by as mere lookers-on, unable to help their patients."

Delay in this class of cases is to be condemned.

Most of us perhaps in this Assembly, can call to mind one or more unfortunate occurrences relating to cases of this kind in our own practice, or in that of neighboring colleagues.

Well do I remember with regret a child with a traumatic peritonitis, who was dosed with opium day and night for five long days without any surcease from pain; I had been told almost poetically that this drug was the "Anchor Sheet" in this disease, but it failed utterly to bring relief; but seemed to make matters worse, and a proposition made by an old and reputable physician, who was called in consultation, that I had prejudiced the prospect for my patient's recovery because in the beginning of the sickness I had given the child a mild cathartic seems to have met its fall almost at the threshold of its utterance, because of the very decided manner in which abdominal surgeons and others give salines freely and with undoubted success at this time.

Under the low rate of mortality in the operation of laparotomy at the present, even where it is necessary to perform ovariectomy and make ablation of tubes, a case of simple traumatic peritonitis ought to be restored to health by the resources of modern aseptic and antiseptic surgery.

As regards laparotomy, formerly the mortality was so great that no one not specially skilled in abdominal surgery would think of undertaking so formidable an operation; but, when surgeons of moderate skill save seventy per cent. of ordinary abdominal sections, I maintain that in severe injuries, where the delay would bring certain death, the general practitioner should be prepared for such contingencies and should give such relief as is ordinarily given by surgeons under circumstances of this kind.

In order to emphasize the proposition that the practitioner should do the most capital operations, under certain conditions it is only necessary to refer to a limited number of Cæsarean sections that have been done

by persons without title or rank, all of which have made phenomenal recoveries, and some of them lived happily many years afterwards.

Dr. Michaelis in the Southern Medical Journal, 1839, reports the case of a woman upon whom the Cæsarean section was successfully performed four times; the first operation was performed in June, 1826, the woman being then in her twenty-ninth year, the second in January, 1830; the third in March, 1832; and the fourth on June 27th, 1836, after the patient had been in labor three days.

Another case, in which a drunken negress, who acted as midwife, on being called to a black girl in her first labor, which was natural, took a sharp knife, and without any reason to justify her conduct, laid open the abdomen and womb, and took therefrom a living child. This girl speedily recovered, with no other inconvenience except a slight incontinence of urine.

Self-inflicted sections of the abdomen have been done, and the patient lived several years afterwards.

Paul F. Eve, in his remarkable cases of surgery, relates a case of this kind in which the woman being in labor, in order to expedite matters did a Cæsarean section upon herself with a broken butcher knife; and although a part of the intestines came out of the wound, and was returned in a septic condition, the patient got well and lived many years afterwards.

These cases are only referred to to show the extraordinary endurance of the human system, and the curious and almost incredible injuries it has sustained and recovered from in the most gratifying manner.

Thus it may be seen that whatever menace may be present, and however proper it is to possess the instinct and training of the surgeon, it is to be remembered that most of the operations alluded to in this paper were performed by the general practitioner, or other persons whose learning or experience in surgery had little to do with the happy results.

Two curious cases in the practice of colleagues of mine, and the hopelessness of which would have justified Cæsarean section, were permitted to die undelivered. I am not informed whether this last prospect was held out to either of them, but be that as it may, these two cases are the only ones of this kind of which I have any knowledge in which the patient died in this peculiar condition.

Both of these cases occurred in the practice of gentlemen who stand deservedly high in their respective communities, both with physicians and laity; and it has always been

a matter of wonder to me why these cases did not get the benefit of abdominal sections.

Numerous other and less important examples demanding surgical knowledge in the general practitioner and coming under the writer's notice, might be referred to at this time, but as you have been very patient with me, I will refrain from a discussion of the lesser affairs of surgery, which embrace lesions of the soft parts, fractures and dislocations, all of which properly belong to the domain of surgery; yet, by the very nature of environment and situation, a majority of these injuries must necessarily come under the care of the general practitioner. All of us should be prepared to do the most capital operations when from severe traumatism or other causes, life would be put in jeopardy by much delay; also little ablations or other small operations which relate to the less important lesions, and which for their relief no great risks are taken.

In short, we should know how best to promote the welfare of our patients, and if there is a reasonable doubt about undertaking any operation, the very best counsel should be had that can be readily obtained.

Finally, if there is anything else to do in the perplexities that confront us in the general practice, it is to keep cool, carry our conscience and God with us in every place of danger, and do no needless operations, remembering that our mission is to save and not destroy.

Keeping in mind the good involved in the right performance of small duties before aspiring to the honor and dignity of greater, and in our efforts to save human life, an adherence to these principles will bring us a large measure of success.

#### INTRA-PULMONARY INJECTIONS OF THYMOL IN PULMONARY GANGRENE.

Dr. O. Hewelke, of Varsovie, Poland (*La Semaine medicale*, No. 49, 1861), has successfully treated a case of pulmonary gangrene by intra-thoracic injections of a 1:300 or 1:200 solution of thymol made with a syringe, having a needle five to seven centimeters long, into the cavern. The results were immediate. The needle was pushed through the intercostal space corresponding to the spot affected. The expectoration became more abundant, the fetidity of sputa diminished, and the temperature fell quite considerably. With daily repetition of these injections the general and local symptoms so improved progressively as to more or less soon completely disappear.



# MY LAST ONE HUNDRED OBSTETRICAL CASES.\*

By G. C. LEWIS, M. D.,

FAIRBURY, ILL.

Of this number 90 were delivered perfectly normally; 47 were males and 53 females. There were two pairs of twins; one boys and one girls. Each pair had one placenta with two cords. The majority of the children were born at night, as is usually the case. Among the complicated cases were puerperal convulsions, ruptured perineuma, retained placentas, breech presentations, footlings, those requiring instrumental delivery, craniotomy, face and transverse presentations.

The normal cases we shall consider only in regard to their treatment. If the os uteri is slow in dilating, I give a capsule filled with chloral hydrate every fifteen or twenty minutes until the os is soft and patulous and perfectly dilated. If then the uterine contractions are not vigorous enough to accomplish the object intended, I do not hesitate to give a drachm of the fluid extract of ergot, if I can be reasonably sure that the longitudinal muscular fibres of the uterus will continue to contract and cause the circular fibres of the os to dilate, thereby securing the right of way for the descent of the child and the "vis a tergo" of the uterus will cause the child's head to take possession of the way secured, and descend through the bony pelvis. When the os is fully dilated, I rupture the membranes, as they then serve only to delay the second stage of labor. When the head impinges on the perineum and causes it to bulge, I insert the index and middle fingers of right hand into the rectum (the woman lying supinely), and receive the child's head in palm of same hand, and thus cause the head to hug the pubic arch, and in this manner prevent rupture of the perineum, and also be able to keep the head elevated so that no amniotic fluid, blood, etc., can enter its mouth when it attempts to gasp for breath. The umbilical cord should be tied in two places and cut between. The second ligature retains more blood in placenta, and the uterus has a firmer body around which to contract. I use Credé's method to expel the placenta. With left hand over the abdomen, kneading the womb, and with umbilical cord around two fingers of right hand, I have the patient hold

her breath, and bear down gently, at regular intervals of a few seconds, and in a few minutes the placenta is expelled. By carefully following this method, I have yet to encounter my first case of post-partum hemorrhage. After the placenta has passed from the uterus and through the vagina, let it lie there until all secundines have been removed. Sometimes there are none; at other times they are three feet long, and often very easily broken unless great care is taken. I believe, when the secundines are retained and become decomposed in uterus, they often are the cause of puerperal septicemia. In the majority of medical colleges students are taught to give ergot only in the third stage of labor. Although it is good to prevent hemorrhage, yet my experience leads me to believe it causes the uterus to firmly grasp the placenta, and cause the circular fibres to so contract that its removal is greatly retarded, besides causing unnecessary afterpains. In three cases do I well remember where a midwife, armed with "a certificate to practice medicine in the State of Illinois," had given so much ergot, to facilitate the expulsion of the placenta, that the patients had to be anesthetized in order to relax the firm grasp of the uterus.

The anæsthetic I always use is the A. C. E. mixture—alcohol, chloroform and ether—in the proportion of 1, 2 and 3, with Allis' inhaler, so that the patient can get fresh air at every breath.

In anesthetizing a patient, the pulsation of the carotid arteries can be carefully felt by the one giving the anæsthetic, much easier than the radial, and does not cause so much anxiety on the part of the friends. Pulsation and respiration are the two main things to be carefully noticed in administering an anæsthetic.

I have met with two cases of ruptured perineum: one treated by a midwife and one in instrumental labor. I sewed up the lacerations with silk within an hour after they occurred, and each one made a perfect recovery.

I have met in consultation one case of puerperal convulsions, and may the good Lord deliver me from ever seeing another. After the attending physician had manfully battled with them for 18 long hours, I was hastily summoned to come and deliver with instruments—hoping the convulsions would then cease. I delivered her in half an hour. I then suggested the removal of the anæsthetic only to see her have another terrific and heart-rending convulsion. In spite of all we could do the convulsions persisted in coming until death came to her relief.

\* Read before the North Central Illinois Medical Association, at Streator, Ill., Dec. 1 and 2, 1891.

## PLACENTA PRÆVIA.

This case, primipara, aged 33, was also met with in consultation. After the attending physician waited thirty hours, the patient becoming completely exhausted from loss of blood, I was hastily summoned, made an examination and discovered a part of the placenta attached to the os and a portion descended into vagina. Tamponing was suggested and apparently worked well for a while, but soon the patient turned deathly pale, no radial pulse, sighing respiration and to all appearances dying. Tampon was hastily removed, and I actually had to tear my way through the presenting placenta to reach the child's head; the case was desperate. There had been no strong uterine contraction at any time. So forceps were quickly adjusted and the child's head brought down and engaged in pelvis. Hemorrhage then ceased. Stimulants and ergot were given, A. C. E. also given by inhalation, traction on forceps kept up; but the head was so large, pelvis so small, that the head became completely locked. Craniotomy had to be resorted to. In a short time delivered her. The dead child weighed 12 pounds. The patient made a good recovery. Seldom do we encounter placenta prævia and have to perform craniotomy in the same case. I have attended this lady twice since. In one, labor was natural; but the last was instrumental—owing to lack of uterine contractions. This occurred just a few weeks ago.

## FODALIC PRESENTATION.

One foot presenting; uterine contraction very powerful. Brought down second foot. Body was quickly and easily born, and expected the head to follow at next pain, but instead the os contracted terrifically and was choking the child to death. I hastily inserted my hand to relax the os only to have my hand grasped and squeezed as in a vise. After next pain ceased, quickly removed my hand, realizing that neither the child nor I could stand such compression. I gave A. C. E. and the os immediately relaxed, and after a few pains, child was born, but all efforts to resuscitate it failed.

## TRANSVERSE PRESENTATION.

One night I was called ten miles into the country to attend a lady. As soon as I entered the house I saw something was wrong. Upon examination I found a very pendulous abdomen and the child lying transversely. It looked as if the mother had a child's ham-mock with a child in it bound to her body. The abdominal muscles were so distended and the fundus of the uterus so anteverted

that the womb seemed to have turned a complete somersault, and the child hung without and below the pelvis of the mother. She could not sit down without the fundus touching the chair. I took a sheet, placed it under the pendulous abdomen and lifted it upward above the pelvis and fastened the ends with safety-pins. The os uteri was partially dilated, size of silver quarter; gave chloral and waited for relaxation of os. In four hours it was dilated sufficiently to introduce two fingers; then by means of external and internal manipulations succeeded in converting the transverse presentation into a vertex. After that labor was normal. Fine girl babe the outcome. In getting the history of this case I learned that when she was four months pregnant, she accidentally stumbled and fell headlong on her face. I thought possibly that that might be the cause and beginning of the development of the child transversely as described above.

The second case of transverse presentation was seen in consultation. The physician in attendance had delivered the parturient lady of one child and proceeded to remove the placenta, when to his surprise he discovered another child, but being unable to diagnose the presentation, sent for help. I arrived in a short time, diagnosed transverse presentation, and with one hand in vagina and the other over the abdomen succeeded in converting it into a vertex presentation and child was soon born.

## PROLAPSE OF THE UMBILICAL CORD.

Two weeks ago met a case of this kind. First examination revealed nothing abnormal, and os dilated to the size of a silver dollar. Waited an hour and examined again: os fully dilated and head presenting and beginning to descend. Pains were working nicely. Then half an hour examined again to find a loop of the umbilical cord lying in vagina. I inserted two fingers carried the loop up along side of child's head and above it. Kneaded uterus with left hand and as the pain came on, slowly slipped my fingers away, the loop of cord persisted in following several times, but finally succeeded in having it retained, and child's head descended into the pelvis and prevented any other trouble. A girl babe was born in half an hour later. Umbilical cord has often been found wound once or twice around child's neck. As soon as head is born I pass two fingers between the child's neck and cord and hold it away from the trachea, although by doing this it will press more tightly on the back of the child's neck; but that does not make any particular difference

so long as the arteries and veins and trachea are not constricted.

#### THE FORCEPS.

In regard to the use of the obstetrical forceps, I believe as much as any one in "letting nature have its course" but there are times when nature fails and the accoucheur must come to her aid. Although a man may die from smallpox after being vaccinated, or may fall from grace after having joined church, yet that does not condemn vaccination nor religion; and because a woman may once in several hundred cases succumb to the use of obstetrical forceps, yet that does not condemn their use in properly selected cases.

Statistics, in the leading hospitals of England prove that whereas thirty years ago instruments were used only once in 310 cases, now they are used once in 8 cases. It is thus very apparent what a great change has taken place. Just seven months ago do I well remember having been summoned by a messenger, telling me to come with instruments and chloroform. Upon entering the house the attending physician said, "Glad to see you, doctor, we are all worn out." The lady in confinement asked, "Doctor can't you do something to relieve me I have been this way for fifty-two hours." "Fifty-two hours," I repeated. "Yes, fifty-two hours," exclaimed her mother and a couple of other attendants. I made an examination, found os uteri fully dilated, but complete uterine inertia. Every body and every thing were literally "played out." As the parties were quite wealthy and very desirous of an heir, I explained to them that I could deliver her all right but feared the child would be still born. Patient was anesthetized, then handed the A. C. E. and inhaler to the other physician, with the lady in a recumbent position across the bed, and each knee supported by an attendant, I adjusted my Elliot forceps. They had to be inserted high up into the uterus to grasp the child's head, and then it took just one solid hour of firm, steady traction, with intervals of relaxing forceps to relieve pressure on child's head, until child was born. I thought child was dead, but hastily pressed my lips against those of the child and gently inflated its lungs, then compressed its thorax with my hands and expelled the air, then repeated the inflating and compressing as before, and kept on doing this for several minutes when to our great joy the child gasped for breath and soon rallied. The lady was a primipara, aged 28, and gave birth to a 13-pound boy. The attending physician slunk away as if conscious of criminal neglect. After the mother and child

were properly cared for, and comfortably lying together in bed, I could scarcely suppress my indignation and condemnation on account of the way that lady had been made to needlessly suffer. I boldly told them all that she could have been delivered 24 hours sooner and with great deal less risk to the child. The attending physician had always advocated "letting nature have her way." He had never been known to use instruments himself, but was glad enough on this occasion to have some one assist nature and let him out. I have never let a woman suffer over 18 hours and never expect to, if it is in my power to give her relief.

I remember two couples who were married within twenty-four hours of each other, by the same minister, and just a year later and within twenty-four hours of each other I attended the ladies in confinement, and each required instrumental delivery. A bright girl babe the result of the first couple's marriage, and a fine boy of the second. My last case of instrumental labor was just two weeks ago. Primipara, aged 32, and weighing 250 pounds. After waiting twelve hours, pains having been stimulated with ergot and pressure over abdomen, the child's head had descended to the perineum, and for three hours remained in same position. Pains were regular, but inefficient. Told the husband and wife I could soon relieve her with instruments, and they readily consented. My instruments were at hand, for I never attended a case of confinement in country without taking them with me. This was the first case on which I ever used instruments without first anesthetizing the patient; but as the head was so low, concluded to try without the anæsthetic, although I had her husband hold bottle and inhaler in hand, ready if necessary.

The lady was bemoaning her condition and thought she had a harder time than most women. With each knee supported by an assistant, I easily and quickly adjusted the forceps, and in just five minutes by the clock a bright girl baby was born, when the mother exclaimed, "Oh! if it is no harder than that don't care how many more I have."

In every case of confinement, after the child is handed over to the nurse and placenta removed, I invariably change everything about the bed that is soiled; have a warm change of clothing for the patient, and a change of linen for the bed; bathe the parts with a soft cloth, dry them and anoint them; (all this can be done under cover) then apply a large cloth to the vulva, fastened in front and behind with safety-pins, to her undergarment. I usually let the patient have her own prefer-



once whether she shall wear a bandage or not. If one is applied, have it done so neatly, and secure upper border of the band to her undergarment, to prevent slipping down, and secure lower border to the ends of the cloth intended for the absorption of the lochial discharge. When this is all done and the patient lying comfortably in bed, she feels as though she was in the seventh heaven. The after-treatment should be carefully directed. The parts should be carefully bathed, dried and anointed with vaseline two or three times a day, and a clean, warm cloth pinned on each time. I believe in *asepsis* rather than *antisepsis*, and that "cleanliness is the next thing to godliness." When I leave a case of confinement, I tell them I will be around again in two or three days; but if anything should go wrong to let me know of it. I thus can make it a point to see how the after-treatment is carried out. If anything has gone wrong you can thus forestall it and nip it in the bud. By doing this, you can often avert a gathered breast, which, to some women, is more painful than giving birth to a child. You can learn the condition of bowels and kidneys of both mother and child. I have had to operate for phimosis at the second visit, when nurse said, "Child cried nearly all time and had passed no water." If any symptoms arise of that most dreaded disease, "puerperal septicæmia," or child-bed fever, they will be recognizable by that time, and you must be on the alert to adopt such measures as will suppress them, or at least render them more mild. Your presence the second time makes the woman feel you have taken a great interest in her case. Charge nothing for the after-visit. Besides all this, even if you find everything to be as it should be on your second visit, you have a better opportunity for studying human nature and meditating upon the future possibilities of the precious babe lying so sweetly by its mother's side. While thus meditating you will, perhaps, feel a desire to express your thoughts in the language of the poet:

"Ah, blessings on those little hands,  
Whose work is yet undone!  
And blessings on those little feet,  
Whose race is yet unrun!  
And blessings on the little brain,  
That has not learned to plan  
Where'er the future holds its store,  
God bless the 'coming man'!"

Two fruitful causes of constipation mentioned by Dr. Lange are eating too much and chewing too little.

#### A CASE OF DIABETIC COMA.

By J. M. SHAFFER, M. D.

KEOKUK, IOWA.

From its rarity, its unknown cause and its speedy termination, this case is given the profession to profit withal.

Willie B—, white, aged 14 years; tall, slender, erect; history of constitutional or hereditary taint, negative; all moral and material surroundings of best character. It was the school vacation; he was a close student and had made some progress in Latin grammar. Had never been ill. December 27, 1891, parents noticed that he drank three or four glasses of water at dinner; that he passed a half chamberful of water during the night; drank water at night and mentioned thirst during day. Symptoms continued, were remarked upon, but thought to be mutually cause and effect. Was skating January 4, 1891, and engaging heartily in the winter sports of the holidays. On the 5th, exhibited dyspeptic symptoms which were promptly met; tendency to constipation. Other symptoms were of the nervous character accompanying *la grippe* epidemic here, and a member of the family suffering with it. The excessive micturition and thirst continue. 8th, labored respiration, mostly thoracic; decided hebetude. 9th, at turn of night, moribund; stimulants and external applications, rallied; temperature from 96° to 98.5°. Enough consciousness six hours before death to attempt to protrude tongue. Cried out several times, and being spoken to, said: "It hurts." Died comatose at 10½ A. M. of January 9th, or about ninety-six hours after treatment begun. Urine passed evening of 8th gave this analysis: Color, limpid; reaction, acid; specific gravity, 1.032; loaded with sugar, one-quarter part by Prof. Haine's test and by improved bismuth test.

On the occurrence of a similar case with the two symptoms—excessive thirst and large urinary discharge—it might be well to produce stasis by opium, just short of narcotism, to stop the exhaustive process and gain time to establish nutritive action by alcohol and concentrated food by the mouth and by enema.

An ounce of camphor dissolved in three ounces of turpentine has been used in Columbia Hospital for Women to check secretion of milk in mastitis. It relieves pain, diminishes induration, and reduces inflammation. Care should be taken, that the part should not be so tightly covered that the application shall produce irritation of the surface.

## SOCIETY REPORTS.

## ALLEGHENY COUNTY MEDICAL SOCIETY.

*Scientific Meeting, December 15th, 1891.*

T. D. DAVIS, M. D., PRESIDENT, IN THE CHAIR.

Subject for discussion, SYPHILIS.

DR. THOMAS: It was but a few days ago that I received a notice requesting me to open a discussion at this meeting. It is usual to open the discussion with a well-digested paper. The time has been so short that it would be impossible for me to prepare anything worthy of the dignity of a "paper." What I shall present will be more in the form of a syllabus, expecting you to elaborate.

1st. How long is syphilis contagious?

The profession, as a rule, does not have definite and uniform opinions upon this point. Judging from remarks that I have heard made at various times, some believe that there is no limit to the contagious character of syphilis, forgetting that the disease is a self-limited one.

Possibly I can formulate my views better by reporting three cases, from a number of similar ones, from my case-book, as follows:

Case I. Mrs. A. married, when the man who became her husband was in the secondary (end of first year) stage of syphilis. In ten months afterward she gave birth to a very large (weighing 12 pounds) and healthy looking child. The child was still-born, not from syphilis, but from asphyxia, owing to tardy delivery of the head, the presentation being pelvic. The case was in charge of a midwife, and when I arrived upon the scene I found a dead child hanging from the vulva.

In nine months after she gave birth to a macerated fetus of five months utero-gestation.

In another eleven months she again gave birth to a macerated fetus of seven months utero-gestation.

In one and a half years more she gave birth to a full term and healthy looking child. In a short time this child developed a papular syphilide. It remained under my care for two years, and is to-day a large and healthy looking lad.

In another twenty-one months she gave birth to a fine child that never presented the least suspicion of syphilis.

In two years more she gave birth to a healthy child, which is now nearly three years old, and has never shown any evidence of syphilis.

Mrs. A. has been under my continuous observation since her first accouchement. I have been unable to get a history of primary lesion or secondary symptoms in her case; she passed through them without her knowledge, but I have treated her for serious tertiary lesions, such as deep ulcers on the posterior fauces, headache and syphilitic liver.

In the case, supposing the mother acquired syphilis in the early months of marriage, the contagious character of the disease disappeared in about four years. She received no treatment for her early syphilis.

Case II. Mr. B., in the summer of 1885, acquired a chancre on the lip through kissing a prostitute, and conveyed the disease to his wife, who was also treated by me. They already have several children.

On March 3, '86, a living child is born, but dies in five months from marasmus, having been puny from birth.

On May 30, '87, at full term, a macerated child is born.

On August 31, '88, a healthy child is born and remains free from the disease.

On Feb. 17, '90, a healthy child is born and so remains to the present time.

In this case the mother ceases to convey or transmit the disease in less than three years.

Parenthetically I mention that Mr. B. also conveyed the disease to his little son, two years of age, by kissing him on the forehead where there happened to be an abrasion, for it was here the chancre developed. Recovered.

Case III. Mrs. C. contracted a chancre about the time of her marriage, and was treated by me for the secondary lesions. She became pregnant for the first time in 27 months after her marriage. The child was born at full term and apparently healthy, but in about three weeks mufles began, an eruption appeared about the anus and afterward over the body. After a long treatment it recovered.

In one year and three months after the birth of her first child she again became pregnant, went to full term and was delivered of a healthy looking child. The child is now about three months old and has shown no signs of syphilis. Neither has it received any anti-syphilitic treatment.

In this case the contagious character of syphilis disappeared before four years and three months—some time after the third year.

You may say that the child is only three months old and that it may develop syphilis later. If a child is born and does not

ent evidences of syphilis before the end of the third or fourth month it is rare that it ever will. Out of 158 cases summarized by Diday only five cases presented symptoms of syphilis after the fourth month.

In brief, then, I believe that syphilis is not contagious, as a rule, after the fourth year. Exceptionally in the female it may continue until the fourth year.

2nd. What secretions contain the syphilitic virus?

None of the *physiological secretions* of the body.

Experiments by inoculation have been practiced again and again with the physiological secretions of syphilitic patients upon healthy persons without the production of the disease. Diday and others have inoculated persons with the saliva from syphilitic patients who were free from mouth lesions without results. Spermatozoa from a patient in the height of the secondary stage of syphilis have been inoculated, by Mireur, in the non-syphilitic without producing the disease. The same thing has been done with the other physiological secretions of the body and with a like result. The only elements, then, in the body that contain the germs of syphilis are the blood, and the serum which is found upon the lesions of syphilis upon the skin and mucous membranes. A man may be suffering from the secondary stage of syphilis, and providing he be free from lesions of the skin and mucous membranes, many procreate a perfectly healthy child, because he cannot inoculate the mother and a non-syphilitic mother never brings forth a syphilitic child—she cannot.

DR. BATTEN: I have given a great deal of thought to this subject. The presence of the syphilitic germ depends a great deal on circumstances; upon the temperament and the constitution of the patient. In the discussion of this question we have to depend a good deal upon the truthfulness of our patients. It is impossible to watch a patient carefully; we must depend a great deal upon his veracity. Now I believe syphilis may be conveyed a long time after the patient has contracted the disease. For instance, a man has contracted syphilis in about 1869. He marries in 1882 a very plump and healthy woman, who weighed about 120 pounds. Shortly after she conceived, and gave birth to a child. Sometime during her pregnancy she took syphilis, and I treated her. The child was born healthy, but the mother was reduced to 50 pounds. She had a second child, and the second child is healthy. Both of these children are healthy, although the man's appear-

ance denotes that he has syphilis, and denoted that before he was married.

Another case was a man whom I treated for the disease twice. He went through the usual course. He married and his wife has had three children, and they are all healthy. The wife is a healthy, fine looking woman, and well.

Another case that came under my observation was a young man who had the disease. He married and impregnated the wife, and the child was dead in the uterus. Before the next pregnancy I put her under treatment, and since that time her children have all been born healthy, and all are healthy and living at the present time. I believe, and my experience bears me out in my belief, that a person once syphilitic is always syphilitic; and that the disease may be conveyed through any of the secretions of the body.

DR. GREEN: I have no criticism to offer on the paper. I believe my observations would lead me to agree with the paper. I might state an example or two that have come under my observation. One case occurs to me in reference to the length of time that the poison may remain in the system and be conveyed to others. I remember treating a young man quite a number of years ago, I think some seventeen, probably eighteen, for syphilis; he went through all the symptoms, primary and secondary. I told him not to marry for at least three years. I was not aware there would be no danger at that time, but I supposed the most dangerous period would have passed; but he married short of three years—two years and eight months. I attended his wife in confinement, but failed at any time to observe any syphilitic symptoms in the first child. I attended her in seven confinements, and I never saw healthier children than these. They are all living today. When I see them, I fail to see any symptoms in any of them; and to show you how violent an attack of syphilis this young man had, he resigned his situation and left the city and went into Maryland while the eruption was on his face. He was completely discouraged during the first year of his illness; it seemed to break his entire constitution, and I cannot tell how it happened these children are so healthy. The father of the children was killed about a year ago. About three months ago I saw the mother of the children, and according to my observation she has never shown any symptoms of syphilis. I could mention numerous instances similar to that.

DR. SHILLITO: In 1883 a gentleman came to my office, who at that time expected to be



married very soon, and related this history: He told me that during the war he was a clerk in Washington City. He had contracted syphilis and had been treated by what he considered the best physicians he could find. He came to Pittsburg, and up to that time had one attack of iritis; he had also had a skin eruption. When I saw him he seemed to be a man of average health. The nasal septum was perforated. I told him after so long a time and after having received so much treatment, that there was no particular danger of transmitting it to his offspring. He married. I attended his wife in confinement, and delivered her of a living child. I think about one-third of the epidermis of the face had gone and one eye was entirely gone. The other eye was wanting until you could only see a little coloring of the cornea, and one spot that seemed to be as large as a pin-head, but since that time it admits a little light. That child enjoys good health, most excellent health, up to the present time, although of course permanently blind. I took special care to watch the mother both before and after for any marks of syphilis. I have knowledge of her ever since until up to a very short time ago, but I have not seen her within a year or two. She has had no evidence of syphilis. I understood about a month ago that she had become insane, or troublesome, and had been taken away to some asylum. They had but one child. He contracted syphilis during the war, and the child was born in September, 1884.

DR. THOMAS: What was the form of the trouble with the child?

DR. SHILLATO: The epidermis of the face was nearly half gone. One eye was entirely gone and the other had just a stump.

DR. WILLIAMS: It may be that the original trouble contracted in Washington City was not syphilis. He might have had bubo, and not had syphilis after all. There might be a suspicion that he contracted syphilis a year or two prior to his marriage, and I think it is certainly a fact that a person may contract syphilis and not have any perceivable primary lesion. I am not certain of that. I have had some experience in some of these cases, and it would certainly bear out the statement made by Dr. Thomas; and I could relate a number of instances to substantiate my position. For instance, in one case a young man had syphilitic trouble in 1883, and about the beginning of 1884 was married and his wife was delivered of a still-born child about the beginning of 1885. About 10 or 12 months after she had another still-born child. About a year after that she was

delivered of a living child. About 1887 and within the past two years I have attended her twice, and her children are apparently healthy and doing fine. This was some eight years after the father contracted the disease. I am certain that if a case is properly treated the liability to convey the disease disappears after a period of three or four years. I think it depends on whether the patient has been properly treated. Unfortunately some of them are not well treated.

DR. LANGE: The matter introduced by Dr. Thomas is one upon which likely, no medical body in the world would have one opinion in almost any aspect. For instance, Dr. Batten has said that temperament, disposition or character has an influence in contracting syphilis—that a plump person with ruddy skin, blue eyes and light hair is more likely to take syphilis than a brunette. In other words, that the so-called lymphatic temperament is a predisposing cause. Now a good many members here will not agree with that opinion. It may be that a patient of lymphatic temperament will suffer more severely, but I do not agree that such an individual will take syphilis quicker or more readily than a brunette. Dr. Thomas asserts that none of the secretions are contagious if the patient, after having syphilis, presents no symptoms. I have a family in my care where the father contracted syphilis after marriage and after having two robust, healthy children, he himself being a remarkably robust, healthy man, an oil driller, and his wife being a strong, healthy woman. This man had two children when he contracted syphilis. He had treatment for three years, and at the end of that time presented no symptoms. Then he had two additional children born without symptoms; one of these is now about five years and the other about three. They have presented no symptoms of syphilis. Now he has a child 18 months old, which is syphilitic very distinctly. It may not be fair to say with some members here that once syphilitic always syphilitic, but it is certainly remarkable that towards the end of life syphilitics who presented no symptoms for many years, again have this disease reassert itself, and often such reassertion ends life. This comes as aneurism, apoplexy, atheroma, and as connective tissue hyperplasias of the brain, the liver, the cord, etc.

DR. BARCLAY: My impression is, from what I have seen, that syphilis, after the secondary stage, is possibly not contagious, although I am not certain about that. It is not advisable for persons who have had

syphilis to marry short of three years after syphilitic manifestations have disappeared; that has been my rule, to advise persons who have had syphilis not to marry short of three years after all manifestations have disappeared. I have said to them with a good deal of confidence that I thought it would be safe after that to marry. I saw recently a young girl who was poisoned by a dentist. The dentist who extracted her tooth abraded her lip. I saw her three weeks afterwards, and my opinion was, after I examined her, that she had been poisoned. I was careful not to give her a positive opinion, but advised her to see other physicians. They were of like opinion, advising me to watch the patient for manifestations. The secondary manifestations came on in about sixty days afterwards, and there is no question she was poisoned in that way. She said the dentist hurt her lip at the time he extracted her tooth. To me it was a very interesting case. I have treated her since and her hair has dropped out. This case was referred to a lawyer, and in all probability there will be a case in court. I have placed myself in a position of security by having her see other physicians; three or four other physicians have examined her, so if it comes into court the profession may be protected.

DR. BUCHANAN: I have nothing to say on the subject introduced by Dr. Thomas, but I have a word to say about the case which was reported in which a dentist is charged with having introduced syphilis by means of his instruments. We all know the variety of ways by which an abrasion of the lip can be made. I think if this case should come into court, the plaintiff would have the very greatest difficulty to prove that the abrasion on the lips was the site of the chancre, showing that the inoculation was made by the instrument that produced the abrasion. Suppose this girl had a family friend who had something on her lip, and that she kissed her friend good-bye at a station about the time when she received the injury at the dentist's, she would have received this inoculation, and the dentist would have to bear the blame. This girl might have received the inoculation by a drinking cup, she might have wiped her face with a towel that the servant girl had used, she might have received it in a thousand ways, and still this dentist must bear the blame. I think, as we use the instruments ourselves, we should be exceedingly careful of implicating in any way any member of the cognate profession of dentistry.

DR. BARCLAY. I appreciate what Dr. Buchanan has said, and I have been just as

careful as he could be. It seemed to me from the history of the case that she was certainly poisoned by the instrument. I know and appreciate just as highly as any one could, how much danger there is to the dental profession and the medical profession from this very cause, and I very carefully looked into that matter, and I am well satisfied when I say I believe she was poisoned by a dentist's instrument. The history of the case goes to prove very clearly that the lip became indurated the third day, that there was a large lump in her lip and the glands were sore. Of course what Dr. Buchanan said is true: she may have kissed a friend. I inquired as to that and I am satisfied if she was poisoned by any other means except the one referred to, she was innocent of knowledge of it.

DR. BUCHANAN: According to this statement, the chancre appeared on the third or fourth day after the inoculation. We all know that is entirely too short a time. We know if we inoculate a person with syphilis it never appears on the third or fourth day; it takes a good while longer. If it appeared on the third or fourth day after the dentist extracted the tooth, then he did not inoculate her.

DR. BARCLAY: Morton, in a recent work, states it may make its appearance on the first up the seventieth day.

DR. DAVIS: I would like to ask the society if any one has known a case of syphilis to be communicated after the third year to their children, or any one else; that he can say of his own experience syphilis has been communicated after the third year.

DR. WILLIAMS: I have in my charge a man who was married seven years ago, who had an eruption on his body. He had a chancre, but did not give it any attention. About six months after the manifestation of syphilis, after the rash manifested itself, he married, and in due time a rash of similar kind came over the wife. He was then taking anti-syphilitic treatment. I do not remember the exact year, I think three years after his marriage, his wife was delivered of a child, and unlike the cases reported by Dr. Thomas, there was a manifestation of syphilis on the skin, entirely covering the child. The child died in about three weeks. Four years after this the man was presented with another member of the family, and a like condition exactly was manifested in the child.

During this time he was taking anti-syphilitic treatment.

DR. LANGE: I stated a case a little while ago and forgot to say that during the time these three children were conceived and born

the mother had not at any time any manifestations of syphilis; never at any time. Two of the children are healthy, the last one syphilitic, and the mother at no time presented syphilis.

DR. DAVIS: Do you know whether she could have taken syphilis?

DR. LANGE: She never had symptoms.

DR. GREEN: Can you exclude all evidence of a nurse or some of the attendants not conveying it to the child. I have seen a number of instances myself where the mother and father were clear, yet the child was syphilitic.

DR. LANGE: These children were fed with bottles, in the hope that if taken away from the mother it would lessen danger in the first two, and the third child was nursed.

DR. MCKIBBEN: On the 2d of August I delivered a woman whose husband was treated for syphilis about six months, when he got careless and stopped treatment. After three months he had mucous patches in the mouth, for which I treated him. He was anxious to get married. I told him it would not be advisable, but after a period of about eighteen months he married; his wife became pregnant, and the child was born on the 2d of August, perfectly healthy, and the mother has not shown any symptoms.

DR. SHAW: I have in mind four men who had syphilis before marriage. Three of them had it severe enough to warrant a visit to the Hot Springs. They have all married, all have children and none of the children have ever shown any manifestation of syphilis. I cannot give the exact time in any one case, but an interval of at least three years from the time of the first manifestation of the disease elapsed before the marriage took place.

## SELECTED FORMULÆ.

### A LOCAL ANÆSTHETIC.

Struver recommends the following:

R	Cocaine.....	grammes 5.
	Antipyrin.....	" 15.
	Distilled water.....	" 80.

—*L'Union Médicale.*

### TREATMENT OF TYPHOID FEVER.

A good authority in Paris recommends the following treatment for typhoid fever:

R	Salicylate of bismuth.....	grs. x.
	Naphthol A.....	grs. viij.

For one wafer, night and morning.

Sulphate of quinine.....grs. xx.

Extract of cinchona.....5 j.

Decoction of valerian.....5 iv.

To be administered by the rectum at four in the afternoon each day. Besides which, three ounces of cold water during the day. Bordeaux wine and beef-tea.

### PAPOID IN DIPHTHERIA.

R	Papoid.....	gr. x.
	Aque.....	3 ss.

M. l. solution.

Kohts and Asch painted diphtheritic membranes with this solution every fifteen or twenty minutes with a soft brush. They found that the oftener the application was made the more rapidly membranes disappeared. Kohts treated several hundred cases by this method with the greatest success.

R	Papold.....	5 li.
	Beta-naphthol.....	gr. liij.
	Acid hydrochl. dil.....	gtt. xv.
	Aq. destil. ad.....	5 iv.

M. ft. solution. Sig. Use carefully and thoroughly by means of hand atomizer every half hour on throat and through nostrils on posterior nares and pharynx, if deposit extends to these localities. Papoid solutions should be made fresh.

### TREATMENT OF ACUTE GONORRHOIC ORCHI-EPIDIDYMITIS.

Dr. W. Parker (*La Semaine Médicale*, No. 55, 1891) recommends the following:

R	Argent. nit. at.....	grammes 4.
	Ether nitros. alcoholat.....	" 30.

For external use. This is painted, with a stiff brush, on the testicle attacked, once a day for two consecutive days.

Then he employs the following:

R	Laudani.....	aa grammes 40.
	Pumbl subacetat. liquid.....	" 40.
	Aq. destillat.....	" 400.

For external use. Apply a compress to the testicle, which is kept constantly soaked in this solution.

The effects of this treatment are said to be excellent. The pain and inflammation rapidly disappear.

### EXPECTORANTS.

The *Lancet-Clinic* says that Dr. Rossbach (*Ugeskrift for Læger*) praises the following:

R	Morphine hydrochlorat.....	gr. ss.
	Apomorphine hydrochlorat.....	gr. ss. to j.
	Acid. hydrochloric. dilut.....	gtts. x.
	Aq. destillat.....	5 v.

M. Sig. A spoonful every second to fourth hour.

We have found the following efficient at times:

R	Tinct. opil camphorat.....	
	Syr. pruni Virg.....	
	Fl. ext. glycyrrhizæ.....	
	Spts. frumentil.....	aa 3 j.

M. Sig. A teaspoonful every hour.

### RECURRENT TONSILLITIS AND PERITONSILLITIS.

Dr. Tori (*La Rivista clinica e Terapeutica*, No. 10, 1891) employs the following:

R	Iodii metallic.....	centigrammes 10-20.
	Potas. iod., }	aa grammes 1-2.
	Tannin, }	" 100.
	Aque.....	

Use as a gargle two or three times daily.

If this be used faithfully for three months the patients will be permanently, or for years, relieved of their recurrent attacks of tonsillitis.



# THE MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

THE BUTLER PUBLISHING CO., (Incorporated),

PROPRIETOR AND PUBLISHER.

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## LEADING ARTICLE.

### THE EFFECTS OF LA GRIPPE UPON THE MIND AND NERVOUS SYSTEM.

The degree to which epidemic influenza disturbs the nervous system varies very much in different epidemics. Although this is affirmed by many prominent clinical observers, no one as yet has satisfactorily explained why this is so. It may be safely said, however, that, apart from atmospheric conditions favoring the development of the specific poison, the chief reason is, most probably, in the general constitutional conditions of the affected community. Thus, among a class of persons prepared by heredity, mode of life, or special predisposing causes to have some form of nervous or mental disease, we can readily imagine how an ordinary epidemic of influenza would prove in this community largely productive of nervous or mental troubles.

Among all classes influenza is quite commonly complicated with or followed by symptoms indicative of disturbance of the nervous system. Everyone is familiar with the severe frontal headache, the torturing back-ache, lancinating pains in the limbs, the throbbing local eye-pains, and also the nerve-exhaustion, insomnia, various hyperaesthesiae, vertigo, supra-orbital neuralgia, stupor, convulsions in children, and even graver nervous symptoms.

An excellent paper entitled "Nervous and Mental Complications of La Grippe" has recently been read before the Academy of Medicine by Phillip Zenner, A.M., M.D., of Cincinnati, in which he reviews the more common nervous troubles above referred to, and also reports some very interesting cases. One of these was that of a woman, aged 52 years, who had an ascending paresis deepening into paralysis, which commenced with numbness in the toes two or three months after her attack of influenza, and gradually ascended to the lumbar region, when the hand and arms also became affected. Sensation and muscular sense were impaired. She died in about one year of exhaustion and

bedsores. The writer inclines to the belief that the case was one of myelitis and not a multiple neuritis. It will occur to anyone that possibly the attack of influenza should not be held directly responsible for such symptoms as this case presented, when several months elapsed prior to the development of the trouble. The same author reports in the same paper three cases of mental confusion with abnormal fears and irritability, a borderline case of insanity, and a case of acute delirious mania attended by labial tremors and sluggish movements of the iris to light, but ending in recovery in one year. The symptoms in the later case directly followed influenza.

Thus *grave nervous maladies* may complicate or follow epidemic influenza. We cannot attempt more than to briefly indicate the varieties of nervous affections which have been reported during the past two years. For the sake of convenience these may be divided into the following groups:

I. Functional nervous disturbances, including nervous troubles of almost every organ of the body, and hysterical affections.

II. Inflammatory diseases of the nervous system, including meningitis, cerebral or spinal; polio-myelitis, optic neuritis, peripheral and multiple neuritis.

III. Systemic nervous affections, such as neurasthenia, glycosuria, exophthalmic goitre, epilepsy, chorea, etc.

IV. Paralytic affections, including aphasia, hemiplegia, ocular paralyses, optic atrophy, ascending palsy, etc.

V. Insanity, which, judging from reported cases, may take any of its various forms.

The purely nervous diseases having already been referred to, the last class of cases may properly be considered briefly. There is now no doubt concerning the power of influenza to induce an attack of insanity in a predisposed person, and many go further and say that it may be the only cause of the attack. The mental affection may occur at the very beginning of the attack of influenza, may arise as a complication during the stadium of the disease, or may appear as a sequel. Dr.

Author H. Harrington, of Danvers, Mass., has contributed a valuable paper bearing upon this subject, which he read at the Annual Meeting of the Massachusetts Medical Society, June 10th, 1890. His paper is based upon twelve cases occurring in the Danvers Asylum, together with thirty-six cases collected from the insane hospitals. In thirty-one of these cases grip acted as an exciting cause, but other causes were also presented in their histories. In the remaining seventeen cases, influenza was the sole assignable cause. Of the whole number thirty-three per cent. recovered. Harrington considers from a study of these cases that while any of the common types of mental disease may follow influenza, acute confusional insanity is most common. He also publishes in his papers replies from his circular letter of inquiry to various hospitals, as follows:—From Dr. Cowles, of the McLean Asylum, "I do not know that the mental symptoms have presented any noticeable peculiarity except the tendency to prompt recovery as if upon the abatement of some debilitating or depressing influences;" from Dr. C. M. Hay, of the State Hospital at Morris Plains, N. J., "Generally the insanities in these cases have been of a very marked type, but whether this was due simply to the exhaustion in which the mental affection found them, or was connected with a specific toxæmia I cannot say."

Some cases have been reported in which influenza exercised a favorable, or even curative, influence upon insane patients, but we think that its beneficent effects have been largely exaggerated. No doubt it has modified many cases of insanity in the same manner that any severe illness may modify mental symptoms, or even such disturbances as the epileptic convulsion. Many instances are known to us in which epileptic cases, having usually two or three fits a day, would not have a single convulsion during a prolonged illness, both medical and surgical in character.

Concerning this alleged tendency of grip to cure insanity, Dr. Lyon, the present Super-

intendent of Bloomingdale Asylum, says, "I have seen no such remarkable cures from chronic insanity, or any other form, effected by the 'Grippe,' as I have read of;" and Dr. Park, of the Worcester Hospital, says, "We have had no cases of recovery from chronic mania due to 'Grippe.'" We cannot but think this error in observation is responsible for these reported cures of insanity by influenza. Metz (*Neurolog. Centralblatt*, 1890) reports a case of paranoia cured completely, and Helweg (*loc. cit.*) adds two cases of dementia, one improved and one cured. Helweg also advocates the use of antifebrin to favorably influence the nervous and mental complications of grip.

What conclusions may be drawn from the wide array of nervous and mental symptoms which confront us in the current literature concerning epidemic influenza? Although we may wisely make allowance for an element of exaggeration of its etiological importance, no one can go over the subject without being impressed that influenza does cause widespread disease of the nervous system, and also has the power to derange that highest expression of organic life, the Mind itself; and we must conclude that it does so by disturbing, in some manner at present only to be conjectured, its physical basis—the brain. There is nothing strange in these effects of influenza. We note many nervous troubles arising from other infectious diseases, as, for example, typhoid fever, diphtheria, and malaria.

The practical point to bear in mind concerning this whole subject is its etiological importance, especially as it bears upon prognosis. Although nothing very definite may be stated at present, the indications are that all nervous and mental troubles arising directly or indirectly from epidemic influenza have a more favorable prognosis than if arising from other causes, or idiopathically. This is especially true of all functional nervous and mental troubles, and in the latter cases even some physical symptoms of brain disease may be of much less fatal import when they occur in the psychoses due to grip.

While, in our opinion, influenza should not be introduced into the nomenclature of nervous and mental troubles (as has been already attempted), still it is of the utmost importance to give due weight to its causative influence, as shown in the reported testimony, bearing in mind that it shares the power of producing all of these grave neuropathic disturbances with other infectious diseases.

## BOOK REVIEWS.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By T. GALLIARD THOMAS, M. D., LL.D., Emeritus Professor of Diseases of Women in the College of Physicians and Surgeons, New York, and PAUL F. MUNDÉ, M. D., Professor of Gynecology in the New York Polyclinic. New (sixth) edition, thoroughly revised and rewritten by Dr. Mündé. Large 8vo., pp. 824, with 347 illustrations. Philadelphia: Lea Brothers & Co., 1891. Price, cloth, \$5.00; leather, \$6.00.

This new edition of Dr. Thomas' work will be received with more than usual interest because of the solid merit of previous editions and of the popularity which they enjoyed for many years. To bring out a new edition of a work on gynecology ten years old, during which time the subject has been marvellously progressive, is no mean task, and at the same time to try to preserve the peculiar and characteristic features of the work, is a very difficult task indeed. On the whole, we feel that Dr. Mündé has done his work well, and the book will continue to be one of the standard text-books of the day. Nevertheless, we feel that further alterations, omissions and substitutions would have brought the work more in touch with the current thought. This criticism applies, however, to most text-books, especially to those on subjects in which rapid progress is being made.

It is assumed by authors that relatively new theories or modes of practice should not be considered in a text-book for fear that further experience should prove their fallacy, while they ignore the fact that much which they present is obsolete or obsolescent. We feel that this distinctly detracts from the value of all text-books, especially those on gynecology. It might be well to put obsolescent matter and new matter in smaller type, but certainly if one is retained the other should be produced.

The peculiar and good features of this book are so well known that it is scarcely necessary to refer to them here. It is pleasant to note many improvements in this edition. The



illustrations are distinctly better and more profuse. New chapters on Electricity, Hermaprodism, Diseases of the Urethra and Bladder, and Diseases of the Female Breast have been added.

It is interesting to find that although Dr. Mundé was one of the first to use electricity for the diseases of women, his estimate of its value is a very moderate one. It is equally gratifying to find that so careful a man is convinced that it has positive value in the treatment of chronic inflammatory conditions (when pus or retained secretions are not present), and of neuralgias and of uterine fibroids; that its action on morbid conditions within the pelvis is quite similar to that in other portions of the body.

The chapter on the perineum and its injuries and their results is most elaborate and carefully written, and is an able presentation of the author's views upon the subject. Those, however, who have been convinced by the teachings of Emmet, that the old theory concerning the perineal body so-called is wrong, will not agree with many of the author's views. It is lamentable, also, that so inadequate a presentation of Emmet's views upon the functions of the pelvic floor, and the nature of lacerations thereof, and the proper method of their repair, should be given. In criticising this operation of Emmet's, the author says that it is a perfect operation for rectocele, but leaves the vulvar orifice gaping, and is, therefore, defective. In this opinion he differs from Noble, Kelly, Price and others having large experience with it, and who have had only perfect results.

The illustration of "Emmet's new operation for lacerated perineum," (p. 205,) is absolutely incorrect. With sutures introduced as there figured the result would be that stated by the author—but the operation figured is not Emmet's.

Dr. Thomas somewhat extensively treats of subinvolution of the vagina and of the perineum (p. 167), describing the physical conditions which are recognized by others to be due to submucous laceration, or overstretching of the levator ani muscles and the perineal fascia. He claims priority in calling attention to the subject. It would seem that his claim rests upon a determination of the real nature of the conditions present.

The alterations in the chapters on Pelvic Peritonitis and Pelvic Cellulitis are extremely slight. This is also true of Hematocoele and Ectopic pregnancy. Much of the matter on Pelvic Cellulitis should have been transferred to the chapter on the History of Gynecology. The chapter of Diseases of the Fallopian

Tubes shows that Dr. Mundé appreciates the remarkable progress which has been made in our conception of pelvic inflammation and its treatment within the past ten years, but he clings to the old pathology which has been largely disproved and displaced.

The work of the publishers is in every way satisfactory: paper, printing and illustrations being unusually good.

**ESSENTIALS OF PHYSICS, ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS, PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE,** by Fred J. Brockway, M. D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York, with 155 illustrations. W. B. Saunders, publisher, (Phila.) 1892. Price, \$1.00

Saunders' Question Compends are already notable for their uniform excellence, and the present number is no exception to the rule. The author has endeavored to compile a work which would embrace what the student of medicine should know of the subject, and in this he has been very successful. As a whole, the Compend is most excellent.

**SURGICAL ANATOMY FOR STUDENTS.** BY A. MARMADUKE SHEILD, M. B., (Cantab.) F. R. C. S., Senior Assistant Surgeon, Aural Surgeon and Teacher of Operative Surgery, Charing Cross Hospital. D. Appleton & Co., New York. 1891.

A careful reading will convince any one of the value of this little book of 200 pages, which covers in a very complete manner the field of practical surgery. The subject is dealt with in a very direct and practical manner, and it will prove a useful, handy reference book for practitioners. For teaching purposes, if used in connection with the cadaver, it will probably be found very advantageous to the student.

It is issued in an attractive and convenient binding, with very readable print. A liberal use of explanatory headings, and heavy type for the sake of emphasis to certain most important parts would have added something to the book. The same may be said of the introduction of diagrams and wood-cuts to illustrate important parts. However, we already possess such a list of well-executed drawings for the student that their absence in this book is a sort of relief, and an advantage to the book perhaps, for its chief value is in its admirable arrangement, and its use of plain, explicit directions, entirely suitable to the student-mind.

As a contribution solely adapted for the surgical anatomist—the purpose for which it was prepared—we can heartily recommend it.

## LITERARY NOTES.

MRS. HUMPHREY WARD'S new novel, "The History of David Grieve," has proved so great a success that the publishers have decided to issue at once an edition in larger type, in two volumes, uniform in size and style, with the Eversley Edition of Charles Kingsley's works. The new edition will be printed by Berwick & Smith, in Boston, and will be ready before the end of the month.

APROPOS of the eighty-third birthday of President Lincoln, *Harper's Weekly* for February 13th contains a superbly illustrated article by Charles Carleton Coffin on the "Ancestry and Early Years of Abraham Lincoln." The illustrations, which are numerous, include views of the localities made famous as the scenes of Lincoln's childhood and youth, as they now appear, and the portrait is from the first ever taken of the President. Of this picture Mr. Coffin says: "It was taken in 1857 in Chicago. Lincoln was visiting his niece, Mrs. Harriet Chapman, in Charleston.

"Uncle Abe," she said, 'I want your picture.'

"Hattie, I never had it taken, but I am going to Chicago in a few days, and will sit for you," he replied.

"A few days later the picture was received by Mrs. Chapman. I obtained this copy in Charleston, Illinois, October, 1890, and received the above information from Mr. W. G. Chapman."

SIR EDWIN ARNOLD, who has been enjoying an interesting trip through the United States, has made a careful study of the conditions which govern the family in Japan and embodies his ideas in a paper called "Love and Marriage in Japan," in the February number of *The Cosmopolitan*. The article is illustrated by the quaintest possible Japanese sketches, running down the sides and across the bottom of each page. An excellent photograph of W. D. Howells serves as a frontispiece, and his work as a writer of fiction is reviewed in the same number by H. H. Boyesen. The President of Johns Hopkins University gives a most practical paper for parents on "Boys and Boys' Schools," illustrated by cartoons of the famous Attwood. Muriel Halstead turns back lovingly to his early farm days, and tells of the "Pets and Sports of a Farmer Boy." The petroleum

industry is fully illustrated; An Afghan Story by Archibald Forbes; The Story of the Brazilian Republic, by Adams, late Minister to that country, and The Leading Amateurs of the United States in Photography, are other leading articles of the month.

## THE PHYSICAL TRAINING OF BOYS.

Boys of to-day have great advantages in their physical training over those of even ten years ago. It is easily within the remembrance of those of us who have not been out of college so very long, how the mere mention of football at home brought down a storm of parental wrath, while unrelenting prohibition followed us back to school. The game was then an enigma, and the newspapers added horror to the mystery by printing their accounts of matches in a manner calculated to chill the blood of any well-regulated household.

Gradually as the sons induced their parents to view the sport themselves, the prejudice wore away. The game finds favor in schools from Maine to California, and the result is a generation of lads growing up whose physical beauty and healthful condition put us of the last generation to shame. Our very sixteen-year-old stripling can outrow, outrun, outswim, outride and outdrive us; give us points on foot-ball, base-ball and tennis; and happily devoid of that sickly pallor peculiar to the student of our day, knows quite as much, with the ruddy glow of health in his cheeks. And yet there are to be found some few that do not favor athletics for boys!! The glorious influence for good that sports have on the general education and welfare of both boys and girls has not begun to be appreciated. When I see a boy who does not take his play-hour, I regard him with as much disquiet as the man who never has a kind word for any one. Play is as necessary to the boys and girls as water is to a plant. Without it the growth of the one is restricted and unhealthful, while the other, having fewer resources, dies. — From *Harper's Weekly*.

## COUPARD'S TREATMENT FOR CORYZA.

Dr. Coupard publishes in the *Monde Therapeutique* the following formula for a snuff which has been for a long time very successful in the treatment of coryza:

R. Cocaine hydrochlorate.....grm. 15.  
Menthol....." 25.  
Boric acid.....gm. 2.  
Coffee, parched and finely pulverized.....grm. 50.  
Mix. Sig. Take five or six good pinches, as a snuff, a half dozen times daily.

## CORRESPONDENCE.

## ARE COLDS CONTAGIOUS?

EDITOR MEDICAL AND SURGICAL REPORTER:—Alluding to an article "Are Colds Contagious?" quoted in the REPORTER from the *Medical Press*, I would offer the following. Like all true Buffalonians I have been very subject to nasal and pharyngeal colds, but for the last two years, following the advice of the late Dr. Frank H. Potter of this city, I have used for myself and others a spray of menthol in liquid cosmoline as soon as the first symptoms of coryza have appeared. This treatment has, with few exceptions, aborted the colds.

Unless menthol has some mysterious virtues aside from its well known antiseptic and carminative action, a very natural reasoning from effect to cause would lead to the conclusion that the colds thus treated were of bacterial origin. This theory is corroborated by observing the little "epidemics" of coryza which frequently occur. But why should we expect to find a specific micro-organism any more than in the case of septicæmia, which may depend on one or several of quite a variety of bacteria?

A. L. BENEDICT, M. D.,  
Buffalo, N. Y.

## PERISCOPE.

## THERAPEUTICS.

## WARM ETHER AS AN ANÆSTHETIC.

We learn from the *Independencia Medica*, of Barcelona, that on October 31st Dr. Giné y Partagás performed an operation for osteoma of the fibula of a woman, in the Hospital de Santa Cruz of that city, the anæsthetic used being ether warmed to 31° C., which was administered by Dr. A. Diaz de Liasio, with an apparatus of his own invention. Anæsthesia was rapidly induced, and was kept up for fifty-five minutes without any accident. The temperature of the ether remained at 31° nearly to the end, when it fell to 29.5°. The apparatus, which is called by its inventor an "Electro-thermo-etherizer," has since been used in several other cases with equally satisfactory results, anæsthesia having on one occasion been kept up two hours and a half without any ill effect. Dr. Diaz de Liasio claims that by his method the disadvantages both of cold ether and of chloroform are obviated. Our contemporary promises a full description of the apparatus at an early date. —*Brit. Med. Jour.*

## TREATMENT OF INFLUENZA.

Dr. Francis Delafield stated at the meeting of the Medical Society of the County of New York, on Monday, January 25th, 1892, during a discussion on the epidemic of Influenza, that his treatment of influenza consisted of putting the patient to bed and seeing that he was well nursed and had proper diet while the disease was running its course. It was possible, however, for the physician to interfere with advantage in the case of certain complications. Of all the remedies suggested for the treatment of influenza and its complications, such as severe headache and neuralgia pains, etc., he had found nothing so reliable as phenacetine, in doses of five grains every two hours. The catarrhal throat trouble, which is often present, he had treated successfully with aconite or salicylate of soda, with a solution of cocaine for local applications.

TREATMENT OF BRONCHO-PNEUMONIA  
IN CHILDREN BY SUBCUTANEOUS  
INJECTIONS OF THE HYDRO-  
CHLORATE OF QUININE.

In the *Journal de Médecine de Paris*, June 21, 1891, Dr. St-Philippe calls attention to the difficulty in diagnosis between pneumonia complicated with enteritis and typhoid fever, while from the point of view of treatment he points out that there are two features which are valuable indications as to the methods to be pursued. First, as to the degree of bronchitis; and second, as to the extent of the pulmonary lesion, for the congestive process may be so sudden and expensive as to produce death in a few hours. Against this latter form of danger Dr. St-Philippe maintains that there is no drug which can equal quinine, whether administered by the mouth, the rectum, or under the skin. Sulphate of quinine he gives in black coffee, while in very small children of those who refuse to take medicine it may be employed in enemata or powders; but both these modes of medication are slow in action, and for entire reliability he usually recommends the employment of quinine in subcutaneous injections, making use of a solution of chlorhydrate of quinine and equal parts of glycerin and water. Quinine thus forms his main reliance in the treatment of broncho-pneumonia, to which may be added blisters, which he even allows to pass on to suppuration over the localities where râles are most abundant. In suffocative catarrh he has recourse to mustard plasters, large blisters or leeches, according to



the age of the child; while in some cases he employs tincture of aconite root in doses of 5 to 20 drops in twenty-four hours, and in syrup of aconite in cases where the bronchitis is intense, while quinine and punch are given when the general state is at all depressed. In states of excitement he does not advise the use of opium, but warm baths and small doses of antipyrin. In severe cases, quinine and aconite are to be abandoned, and caffeine given subcutaneously, and reliance placed upon digitalis and alcohol as stimulants. He likewise states that oxygen inhalations have given better results than injections of ether. —*Therapeutic Gazette*.

WHEN administering chloroform note the action of the heart, but watch the respiration especially.

#### CAMPHORATED SALOL IN DISEASES OF THE MIDDLE EAR.

Dr. Pégon has recently reported in the *Revue de thérapeutique* some very favorable experiences with camphorated salol in the treatment of suppurative disease of the middle ear. The formula for the preparation, devised by M. Desesquelles, is as follows: Equal parts of salol and camphor are mixed and heated until fusion is complete, without water, alcohol, or any other solvent. The mixture is then filtered and preserved in a yellow glass bottle hermetically sealed. Thus prepared, camphorated salol is a thick, colorless, unctuous liquid, soluble in ether, chloroform, or oil, but insoluble in water. Light and air decompose it rapidly. Its application is neither painful nor irritating, and it seems to possess the property of rapidly curing a distressing and very intractable disease. It is applied upon a small pledget or tampon of cotton-wool; to this may be attached a fine thread by which the patient can remove it after twenty-four hours. The ear should previously be washed out with a weak boric-acid solution, and the washing should be repeated once or twice daily when the tampon is not in position. The applications are made once in two or three days, and, if the suppuration is not profuse, the tampons may be left in situ from one application to another. The time required for a cure varies from four to twenty days. Dr. Pégon has found the method to succeed where the more popular ones have failed, and says that even where it has not made a perfect cure it has always diminished the foster and amount of the purulent discharge.

#### TREATMENT OF HEADACHE.

Dr. C. W. Suckling of Birmingham (*Birm. Med. Rev.*), after dealing with the varieties of headache, directs attention to the indications for treatment in migraine. Care must be taken to place the patient in the intervals of the attacks under favorable conditions. Tobacco, alcohol, and especially mental worry, must be forbidden; hot and crowded rooms must be shunned; errors of refraction should be corrected, and the patient's diet strictly regulated. A pill twice daily continuously consisting of one-sixth of a grain of the extract of Indian hemp, one-tenth of a grain of phosphide of zinc, and one-thirtieth of a grain of arsenic may often give great relief. The severity and number of the attacks is often effectually diminished by one minim of liquor trinitrinæ two or three times daily after meals, continuously. For the actual attacks, rest in bed in a dark room may be necessary; and relief may be secured by a draught every hour consisting of ten grains each of antipyrin and ammonium bromide with twenty minims of sal volatile. The dyspeptic headache is usually removed by blue pill and euonymin. —*Practitioner*.

WHEN alcohol and water are mixed the combined volume is less than the sum of the two liquors separate.

#### THE ACTION OF OREXIN ON THE STOMACH.

Dr. W. Brunner, in *Gazette Lekarska*, March 14, 1891, gives his experience with the use of orexin, and its action upon the stomach.

His experiments were made upon 30 persons (180 separate observations). The doses employed were 0.25 to 0.30 gramme, in pills or capsules, two or three times daily.

In four healthy persons pain in the epigastrium and vomiting appeared after the second dose was taken.

In twelve neurasthenic and hysterical patients, with impaired mechanical action of the stomach, the appetite was increased in six; this did not last long, for upon stopping the use of the drug, the appetite became poorer than before, with pain in the stomach and severe ringing in the ears. In another group of 10 cases (patients with consumption, rheumatism and cardiac disease) the effect was also doubtful. In four cases of gastric diseases (1 catarrh, 2 cancer and 1 dilatation), the pain and vomiting were aggravated.

In view of these experiments, the author recommends that orexin be dropped entirely from the list of reliable medicinal remedies.

### TO HASTEN DESQUAMATION IN SCAR-LATINA.

Dr. Jamieson (*Norsk Mag. for Lægevidenskaben*, No. 11, 1891), has employed 80 per cent. of carbolic acid in oil with good results; but resorcine has served him better. This latter is combined with salicylic acid and employed in the form of a superfatted soap. The patients are anointed with this when desquamation begins; after this the skin is rubbed with some indifferent fatty substance. The nurse should wear rubber gloves to protect her hands. With these means the writer has shortened the period of desquamation 55.5 to 40.26 days.

### THE NEW TREATMENT OF CARCINOMA.

New methods of treatment designed for the cure of malignant disease are so frequently being brought under the notice of the profession that we feel some apology is due for referring to some facts in connection with this subject which have been supplied to us by our Vienna correspondent. A few months ago Professor Adamkiewicz announced that by means of some experiments he had been able to arrive at a certain method for curing cancer. The excitement which this announcement made in Vienna was such that the Minister of Education was induced to invite the Professor to come to the Austrian metropolis for the purpose of testing his new treatment in one of the State hospitals. In a ward under the charge of Professor Billroth, Adamkiewicz was permitted to experiment upon a patient who was believed to be affected with epithelioma of the upper and lower lids of the right eye. The history showed that the disease was rapidly spreading, and, under the circumstances, therefore, the case seemed a most suitable one for testing the value of the new treatment. On October 25th the Professor took the patient in hand, the result being that on November 12th the sufferer was discharged from the hospital—cured. In other words, after eighteen days' treatment an epithelioma of the upper and lower lids was pronounced by Adamkiewicz to have perfectly cicatrized over. Naturally enough on this matter Professor Billroth had something to say, and what he has said can scarcely be deemed to be enthusiastically favorable to this latest form of cancer curing. Billroth remarked that he had no doubt about the case being one of epithelioma. It was true also that the growth had cicatrized at the centre and in the periphery. But whether it was a growth possessing distinctly malignant character was open to some doubt. No signs of secondary infection had been

noticed, nor was there any enlargement of the nearest lymphatics. Again, it had repeatedly cicatrized after treatment by caustics and "scrapings." Moreover, if the centre only of the growth were scraped, leaving a bleeding surface, healing would take place there, while at the periphery the disease would continue to extend. Upon the whole, then, Billroth contended that Adamkiewicz's treatment had accomplished nothing, and that our knowledge of the subject of the treatment of cancer had not been in any way advanced by these experiments. Professor Kaposi admitted that he had treated the same patient fifteen years ago for the same kind of growth, and obtained a successful result by the application of caustic. He quite agreed with Billroth in the belief that the epithelioma was not a malignant formation in the usual acceptation of the term. He expressed a wish to know how Adamkiewicz performed his experiments—whether the injections were made locally or otherwise. Still more condemnatory of the new treatment were the remarks of Dr. Franks, who spoke on behalf of Professor Albert. According to the latter observer, the experiments conducted in his clinic by Professor Adamkiewicz appeared to have very little influence over the new growths, and he believed that massage or any other mechanical irritation would have the same effect in reducing the size of the tumors. There was nothing, in his opinion, in the new treatment which could be considered of any real value. Thus has this last new method of curing cancer been finally disposed of. We referred to the matter at length in our issue of August 5th in our Austrian correspondence, and from the cases which Professor Adamkiewicz had then recorded it was naturally thought that his method should be submitted to a crucial test. This test has now been applied, with a result which leaves no possible reason for doubting that the treatment is perfectly valueless for the purpose for which it was introduced.—*Med. Press.*

### GLYCERIN FOR BURNS.

M. Grigoreen, of Bucharest, highly recommends pure glycerin as a remedy for burns. On first application a slight burning feeling is experienced which soon gives away to a local anaesthesia, somewhat resembling that produced by carbolic acid. In severe cases, two or three applications should be made, so that the parts are kept wet constantly with glycerin. Under this treatment the inflammation is subdued almost completely, and only a slight cicatrix is usually left.

## MEDICINE.

## TYPHOID FEVER AND INSANITY.

M. Joffroy reported four cases of interest. The first was that of an old woman who had typhoid fever at the age of 33, with nervous troubles and delusions during convalescence. In the second case the patient had been subject to attacks of hysteria formerly; occasional delusions during attacks of typhoid, some of which persisted. Third case was one of typhoid fever, followed by dementia. Fourth case was one of paraplegia preceded by typhoid fever, which appeared to exist in a latent state. M. Weill thought that typhoid fever poison was no more powerful in producing insanity than that of any other infectious diseases. To this view M. Joffroy dissented.—Report of Congress in *Le Prog. Méd.*

## "CÆCITAS SYLLABARIS ET VERBALIS, SED NON LITTERALIS."

Under this title Professor Ivan P. Mierzejewski, of St. Petersburg, describes (*Vestnik Kliničeskoi i Sudebnoi Psikiatrii i Neuropatologii*, vol. ii, 1891, p. 26) a case of peculiar word blindness with normal letter vision. The patient was very nervous, emaciated, pale, and weakly-built medical man, aged 56, suffering from pronounced sclerosis of the temporal vessels, pulmonary emphysema, cardiac hypertrophy, chronic bronchitis, and chronic nephritis. When 23 years of age he had had syphilis. In January, 1890, he suffered from dropsy and uræmic drowsiness of four or five days' duration. The latter condition subsequently recurred twice at intervals of about two months. Shortly after the third attack of somnolence the patient noticed that he was unable to read, though he could distinctly differentiate letters, and his sight was otherwise good. At present examination shows that he actually can differentiate every individual letter, but utterly fails to combine letters into syllables or words. He can write to dictation freely and correctly, but is unable to read what he has written. Similarly he writes his prescriptions correctly, but is unable to verify their composition. He can copy anything perfectly well, but without understanding either the original text or the transcript. Meanwhile, he reads and understands figures, being able to name correctly even numbers of many figures. His sight is excellent, the ocular fundus absolutely healthy, speech distinct and generally normal, his mental faculties unimpaired, and there is nothing abnormal about his motor, reflex, or sensory functions.—*British Medical Journal*.

## FACIAL HEMIATROPHY.

The *Neurologisches Centralblatt*, No. 15, 1891, contains abstracts of several cases of facial hemiatrophy. The first is recorded by Borgherini (*La Psichiatria*, viii, fas. 3 and 4). The patient was a man, aged 63. He had had chronic inflammation of the right lachrymal gland, which was incised. Shortly afterwards he developed localized pain in the right orbit, creeping sensations and a feeling of numbness in the adjacent skin, chronic contraction of the right forehead and face muscles, atrophy of the tissues on the right side of the face, and opacity of the cornea. This condition was on the left limited by the middle line of the face and on the right by the anterior border of the temporal and masseter muscles. The second case is recorded by Muratow (*Vratch*, 1891, No. 25). It is that of a woman who sought advice on account of cramp in the muscles of mastication. This began on the right side and had a clonic character at first, but soon became bilateral and tonic. There was atrophy on the right side of the face, affecting both the lips and the tongue. There were no electrical alterations in the muscles. There were several pigmented spots on the side of the face, and the skin had the appearance of scleroderma, but this condition had appeared before the cramp in the muscles. The third case is by Jankau (*Deut. med. Woch.*, 1891, No. 26). The patient, a girl aged 22, had for two years noticed great pallor with yellow pigmentation and atrophy of the right side of the face, extending over the distribution of all three branches of the trigeminus, and she had lost much hair on the affected side. About the time of the appearance of the hemiatrophy the patient began to suffer from enlargement of the thyroid and ozena. The next case is recorded by Dixon (*Dublin Journ. of Med. Science*, February, 1891). In a boy, aged 11 years, there followed upon a violent blow over the left hip scleroderma of the left half of the body, the left side of the face, and the left extremities, with atrophy of the affected arm and leg, hemiatrophy of the face, and alopecia of the left half of the body. The last paper is by Girard (*Revue Méd. de la Suisse Romande*, 1891, No. 6). He cut through the sensory portion of the trigeminus in the skull in dogs, and this was followed by hemiatrophy of the face, atrophy of the muscles of mastication, thinning of the skin, atrophy of the bones and of the tongue on the same side. He therefore concludes that the trophic fibres for the face run in the trigeminus and not in the facial nerve.—*Brit. Med. Jour.*



### LARYNGEAL PARESIS AFTER INFLUENZA.

Dr. Marcellin Cazaux records a case (*Rev. Gén. de Clin. et de Thér.*, June 10th, 1891) in which paresis of the glottis-openers followed influenza. The patient was a girl, aged 21, who, with the exception of two or three slight and transient attacks of aphonia, had enjoyed good health till December, 1889, when she suffered severely from influenza. In the course of the attack she began to suffer from dyspnoea with inspiratory stridor, and, after her recovery from the influenza, this symptom persisted till July, 1890, when she came under the notice of Dr. Cazaux. The dyspnoea was always well marked, but there were from time to time alarming exacerbations. The voice was clear and expiration was unobstructed. No cause of compression of the trachea, bronchi, or recurrent nerves could be discovered, and the thoracic organs appeared to be sound. On laryngoscopic examination, it was seen that the ligamentous part of the glottis opened incompletely during inspiration. The diagnosis of paresis of the crico-arytenoidei postici muscles was arrived at, and the following treatment ordered: Daily applications of the continuous current to the recurrent nerves, and sulphate of strychnine in 1 milligramme pills—from four to ten of these to be taken daily till intolerance was manifested. In three months the patient was completely cured.—*Brit. Med. Jour.*

### A REMARKABLE CASE OF EMPYEMA.

Dr. Felix Szontagh publishes in a Hungarian medical journal a remarkable case of empyema. A little girl of six years old exhibited symptoms of fever; the temperature was 99.5°. The author saw the patient two days after the commencement of the illness, and diagnosed pneumonia of the left lower lobe. Later on symptoms of pleuritic effusion became prominent, although bronchial respiration was audible over the whole half of the thorax. The apex beat was at the right border of the sternum. Nine days later on, an experimental puncture was made in the sixth intercostal space in the middle axillary line. Pus was found, and the next day Dr. Verelléyi made an incision. After a discharge of three ounces of non-fetid pus a drainage-tube was inserted, the thorax washed out with a 30 per cent. tepid solution of boracic acid, and the wound dressed. So far the case presented nothing remarkable, but the author had during the operation been surprised by the relatively small quantity of

pus. The state of the patient did not alter, although she was free from fever during the whole day after the operation, and the following evening the temperature had not risen higher than 101.3°. A profuse discharge of pus took place at the next dressing, so that consequently a retention of pus could not be suspected. On the third day the patient got worse, and the previously existing cyanosis increased. During the next three days, however, the patient seemed to improve again, the appetite became better and her general state more satisfactory, but the examination of the chest indicated the presence of some complication. The apex beat was still in the right mamillary line, and it was suspected that, independently of the first effusion, a second had been formed. This suspicion became stronger on observing the remarkable dulness, especially in the upper lobe. A week after the operation, on changing the dressing the secretion was most profuse, and the author concluded that two puriform cavities communicated with each other. The discharge had, however, decreased again the next day. A new experimental puncture was then made in the fourth intercostal space, and although the patient was exceedingly thin the needle had to penetrate to a depth of twenty-two millimetres before any pus was reached. A free opening which was made the next day completely justified the author's expectation, as a pint of pus was discharged. This contained no Koch's bacilli, but diplococci, resembling pneumococci, partly free and partly embedded in leucocytes. The case then progressed most favorably towards recovery. When the patient was shown to the Medical Association, the left lung was not quite fully dilated, as the percussion sound was slightly muffled and the respiration in the lower posterior part of the lung weakened. The deviation is visible at the spine, but hardly present in the thorax, though the circumference of its left half is a centimetre less than that of the right. The case is remarkable for the presence of a multilocular suppurative pleurisy, the correct diagnosis made, and the perfect recovery of the patient. The author presumes that the empyema was formed at the beginning in two places, or that the separation into two cysts took place at a very early stage of the case. If the first operation had been delayed until the formation of pus had reached its maximum, the bilocular nature of the effusion might very easily have been overlooked, and the chance of a recovery considerably lessened. The author repeats his old maxim, "Ubi pus ibi evacua."—*Lancet.*

## BACTERIOLOGY OF YELLOW FEVER.

Domingo-Freire has described the amaryl microbe, or *cryptococcus xantogenus*, which is round and has a diameter of one-thousandth of a millimetre. This micro-organism is only found in the tropics. Quite often the *cryptococcus* is arranged in little chains; in cultures it gives rise to yellow and black pigments. The former is soluble, and stains the skin of persons with yellow fever; the latter gives color to the vomited matter. When the blood of yellow-fever patients or a culture of the microbes is injected into guinea-pigs, yellow fever is produced; the ptomaines only produce certain symptoms. Transplantation attenuates the cultures, and it is possible to protect the human system from the malady. Inoculation produces a group of phenomena which are similar to those of the invasion of yellow fever; in forty-eight hours the symptoms have disappeared. Sometimes icterus is produced. Domingo-Freire has made a large number of inoculations; the average mortality of inoculated subjects is four-tenths of one per cent.—*L'Union Méd.*, Sept. 5, 1891, p. 347.

## SURGERY.

## RESULTS OF EXTIRPATION OF THE LIVER.

In a preliminary note Dr. von Meister confirms from his own experimental observations some of the results previously obtained by Ponfick of the remarkable degree of reparative power exhibited by the liver, and applicable doubtless to other glands in greater or less degree. Thus he finds that in the dog and cat, as well as in the rabbit, the removal of more than three-fourths of that organ is not followed by any serious consequences, and that within the space of thirty-six days repair has advanced to such an extent that the weight of the organ is regained. This regeneration is effected partly by hypertrophy of the hepatic cells, but mainly by their hyperplasia; but new lobules are not formed, and biliary ducts as well as blood vessels share in the new formation. Observations were also made upon the effect of extirpation of such large portions of the liver upon the excretion of urea. It was found that the total quantity of nitrogen notably diminishes, but not in proportion to the nitrogen of the urea, so that the proportion of the latter to the whole nitrogenous excretion is decreased. On the other hand, the amount of extractive matters is increased, and their nitrogenous constituents appear in greater proportion

than normal to the total nitrogen. The diminution in urea is proportionate to the amount of liver substance removed, total extirpation of the organ leading to a very marked decrease in urea. It was further found that after partial extirpation—within a period of from eleven to fifteen days—the quantity of urea rises until it once more attains the normal degree.—*Lancet*.

## EXTIRPATION OF VARICOSITIES FOR ULCER OF THE LEG.

M. Quenu stated recently to the Société de Chirurgie that he had a report from M. Carne who had operated on a woman of 30 by removing a large varicosity and the internal saphenous vein for ulcers of the leg. Cure occurred in three weeks and complete disappearance of the ulcers shortly afterward. The pathology of these ulcers is claimed by some to be due to a periphlebitis, whereas others claim that paralysis of the vaso-motor nerves is concerned in their production. For this latter reason the removal of the veins is discountenanced by some, except in such cases where extensive ulcers and marked varices exist.

## SUTURE IN SIMPLE FRACTURE OF THE CLAVICLE.

Dr. Poirier holds that in certain cases of simple fracture of the clavicle it might be found advisable to expose the injury by incision, and to apply a ligature either of silver wire or silk in order to keep the fragments in good position. This operation, which was first performed by Langenbuch in 1882, has since been much criticised. A recent case is reported in which Dr. Poirier made an incision over a simple comminuted fracture of the left clavicle, removed a detached osseous splinter, and fixed together by silver wire the two main fragments of bone. He describes certain features which would, in his opinion, indicate, in recent fracture of the clavicle, treatment as above. He mentions cases of severe subcutaneous injury of the vessels or nerves of the neck, in which it has been found necessary to make an incision in order to arrest hæmorrhage, or to search for a divided nerve; the broken bone being thus exposed might be sutured without any further risk. This treatment, it is held, is indicated also in cases of comminuted fracture with one or more displaced fragments, which might, in course of time, give rise to some disturbance of the brachial plexus, or result in the formation of masses of callus, in which the subjacent nerves are involved.—*Semaine Médicale*.

### THE OPERATION FOR CLEFT PALATE IN TWO SITTINGS.

In a note read at one of the summer meetings of the *Société de médecine de Paris*, published in the *Union médicale* for November 21st, M. Polaillon recommends this procedure as being less fatiguing to both patient and operator. At the first sitting he traces the lateral incisions, frees the mucous membrane, scrapes the bone, and checks any hæmorrhage there may be by compression, sometimes with a hæmostatic forceps. On the next day or the day after he refreshes the flaps, which are now somewhat swollen and tend to approach the median line, and then inserts the sutures, with the great advantage that the hæmorrhage is trifling. He thinks this method insures success even in the most difficult cases.

### THE RESULTS OF TREATMENT OF SIMPLE FRACTURE OF THE SHAFT OF THE FEMUR.

At a meeting of the American Surgical Association held in May, a committee consisting of several representative surgeons of the United States was formed with instructions to report on what, in their opinion, might be considered satisfactory results of ordinary treatment of fracture of the shaft of the femur. The report, which is published in the *Philadelphia Medical News* of September 26th, deals with the points of bony union, of the relation of the long axes of the fragments, of correspondence of the anterior surfaces of the fragments, of the length of the injured limb, and of lameness, and concludes with the following summary: A satisfactory result has been obtained in the treatment of fracture of the shaft of the femur when (1) firm bony union exists; (2) the long axis of the lower fragment is either directly continuous with that of the upper fragment, or the axes are on nearly parallel lines, thus preventing angular deformity; (3) the anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position; (4) the length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in 90 per cent. of healthy limbs—namely, from one-eighth of an inch to one inch; (5) lameness, if present, is not due to more than one inch of shortening; (6) the conditions attending the treatment prevent other results than those obtained.—*Brit. Med. Jour.*

### THE FORMATION OF A GASTRIC FISTULA IN CANCEROUS STENOSIS OF THE CARDIAC END OF THE STOMACH.

Dr. Lauenstein advises that in cases of marked cancerous stenosis of the cardiac end of the stomach, it is better not to resort to formation of a gastric fistula. He has had two cases of carcinoma of the cardia, in which access to the stomach was prevented by the tumors which were situated under the diaphragm. The neoplasms had invaded the mucous membrane of the stomach, which had to a great extent lost its digestive functions. It may also happen that the stomach is so firmly fixed by adhesion of the tumor at the cardia that the formation of a fistula is attended with great difficulties. For these reasons the author prefers rectal alimentation in this class of cases. A cancer of the cardia should be suspected if the œsophageal bougie encounters resistance at a depth of 38 to 41 centimeters from the teeth. In one of his cases the author noted a loud systolic sound in the epigastrium, synchronously with the pulse, which the autopsy showed was due to pressure of the tumor on the aorta.—*Centralbl. f. Chirurgie.*

### THE RESTORATION OF DEFECTS IN TENDONS.

Kümmel (*Weiner medicin. Presse*, No. 43, 1891) has reported the case of a coachman who, while managing a pair of balky horses, perceived a sense of pressure, followed by severe transitory pain, involving the whole of the left arm. Shortly thereafter a swelling appeared in the region of the left wrist-joint, the functional activity of the hand, however, remaining unimpaired. Several hours later severe pain in the left arm appeared. The thumb hung limp, and could be neither adducted nor extended; it felt numb and cold. The injury was considered a luxation, and treated by means of applications of lead-water. At the end of three weeks there remained no doubt that the extensor pollicis longus had been ruptured. Upon opening the sheath of the tendon it was found that the central extremity had retracted to the middle of the forearm. The distal extremity lay rolled up on the metacarpal bone of the thumb. Attempts to approximate the two segments proving unsuccessful, the diastasis of almost four inches was supplied by moderately strong, twisted silk thread. The wound in the skin was closed, and the extremity was dressed in hyperextension. The first change of dressing was made at the end of two weeks, the position of hyperextension being from time to time



gradually relaxed. At the end of six weeks the splint was permanently removed, and movement was carefully instituted. In the course of four weeks more the patient was able to use the thumb with considerable force. The case demonstrates the possibility of replacing defects of tendons by non-vital structure, with restoration of function. It is possible that the silk threads furnish a guide and support for the connective tissue that is to replace the defect.

### OBSTETRICS.

#### HISTOLOGICAL STUDY OF PUERPERAL ENDOMETRITIS.

Bumm (*Archiv für Gynäkologie*, Vol. xl, Section Third, 1891) contributes an article on puerperal endometritis, studied from a histological standpoint. He describes puerperal infection according to the method of invasion; in other words, according to the highways by which the infecting germs find entrance into the organism, whether through the finer lymphatics lying between the fibres of the uterus, or through the larger lymphatics or through the uterine veins when thrombi are present (puerperal pyæmia). This is contrary to the recent classification of Vidal, who describes the various forms of infection according to the influence of each upon the tissue affected—namely, the purulent, the diphtheritic and the septicæmic form.

It has long been known that the entrance of septic material occurs principally through the endometrium. This is shown by the readiness with which the early symptoms of infection are controlled by local treatment, in the form of uterine douches. The foul, infiltrated appearance of lesions of the vulva and vagina during puerperal infection is not due to local irritation at the site of invasion, but to the effects of the general process. The writer wishes, however, to call attention to the different processes affecting the endometrium in the different forms of infection. He describes, first, a putrid endometritis, in which the saprophytic micro-organisms are found, while those characteristic of septic process are absent; second, a septic endometritis, in which streptococci are present in abundance, and which offers for consideration two distinct processes—namely, a localized, septic endometritis, without a general infection, and a local process accompanied by a spread of the septic material through the general organism by means of the lymphatics of the uterus.

An important distinction in all these forms is the occurrence of what the writer designates as the granulation zone. In the first form a zone of infiltration, marked by the accumulation of small, round cells, divides the affected tissue from the deeper lying muscular tissue. The necrotic endometrium is thus cast off, and the uterus is freed from the local process. In the localized septic form the reaction zone also protects the organism from invasion, while in the form accompanied by general infection the micro-organisms find their way into the muscular tissue of the uterus, and hence to the peritoneum by means of extension along the lymphatics without the appearance of any local reaction.—*Univ. Med. Mag.*

#### AN EFFECTIVE METHOD FOR THE INDUCTION OF ABORTION.

Ræther, at the September meeting of the Hamberg Obstetrical Society (*Centralblatt für Gynäkologie*, No 42, 1891), advocates the following plan of inducing abortion: Under ether, dilate the cervical canal; clear out the uterine cavity with the finger and, if necessary, a placental forceps. Scrape the placental site with a dull curette, and pack the uterine cavity with iodoform gauze, leaving an end projecting from the cervix to secure drainage. Done aseptically, this method is safe, effective and rapid, and does not show the patient and bystanders how they could perform such an operation themselves in another case.—*Univ. Med. Mag.*

#### ANTISEPSIS: PUERPERAL MORTALITY IN PARIS HOSPITALS.

Our own correspondent in Paris last week gave interesting particulars confirmatory of the immense benefits conferred on parturient women by the application of antiseptics to obstetrics. We commend the account to the careful attention of our readers. He says, out of 1340 women delivered in Prof. Tarnier's wards during the past academical year, only fourteen died, thus giving a very satisfactory mortality of 1 in 95, or 1.04 per cent. Eight years ago the mortality calculated on the same number of cases reached 2.50 per cent.; while, thirty years ago, one parturient out of eleven, or 9 per cent., died. These figures prove conclusively that modern methods of conducting labor are responsible for the saving, in his wards alone, of 100 valuable lives per annum. This is a very gratifying report of progress and advance, and perhaps our correspondent is right in

thinking that the virtue of antiseptics can go no further. Puerperal fever is now unknown in the wards of M. Tarnier, whose memory goes back to a time when he witnessed five deaths in one day from puerperal peritonitis; but there is still room, perhaps, for better results if we may judge from the experience of some of our London lying-in hospitals. In one of these, during the years of 1888 and 1889, there was but one death in 1272 successive deliveries.—*Lancet*.

#### ETIOLOGY OF HYPEREMESIS GRAVIDARUM.

Keil (*Münch. med. Woch.*, October 13th, 1891) records a case in support of Kaltenbach's view that the vomiting of pregnancy is, in the absence of any pathological cause, not infrequently hysterical in character, and to be treated as such. His patient, aged 26, although a sensitive, irritable woman, had never shown definite symptoms of hysteria. Soon after marriage severe morning sickness set in, without any local causative condition, and unaffected by the usual remedies. Rapid emaciation and debility followed, with fainting attacks, almost every meal being rejected soon after it had been swallowed. On examining his patient with the idea that she might be suffering from hysteria, Keil found conclusive evidence. The ovaries were tender; there was partial anæsthesia of the left arm; pressure over the sensitive second rib caused deglutition movements and coughing, all of which satisfied him that the vomiting was hysterical. The treatment adopted was by suggestion, the patient being told that a newly discovered unfailing remedy (ingluvin) would be given her, and that by washing out the stomach the source of her trouble would be removed; by dieting her on ice and milk, and by isolating her from her relatives. These means proved entirely successful; the vomiting ceased, her general condition improved, and she gained considerably in weight. The symptoms and the results of treatment alike proved the hysterical nature of the vomiting, which had evidently broken out during pregnancy in a woman who was disposed to neuroses.—*Brit. Med. Jour.*

DURING the progress of the Hyderabad experiment (says the *Hospital Gazette*), several female monkeys were fitted with apparatus to resemble the feminine corset, and chloroform administered. Two died promptly, and the others were saved with difficulty.

#### GYNÆCOLOGY.

##### ETHER INJECTION AFTER ABORTION: TEMPORARY PARALYSIS.

T. Féaux, of Gondelsheim (*Centralbl. f. Gynäk.*, November 14, 1891), was called to a patient who had aborted. When he arrived she was greatly exhausted, having lost much blood. The process of clearing the uterus thoroughly of its contents proved difficult, and at the end of the necessary manœuvres serious collapse occurred. Two hypodermic injections of ether were made in the posterior aspect of the upper third of the left forearm. On the second day the patient complained of a sensation of numbness in the left hand. On investigation it was found that the middle, ring, and little fingers were flexed and could not be extended at will. At the end of a month the paralysis remained unchanged; electricity had not yet been tried. The part was now galvanized, and within four weeks recovery followed. Féaux adds that, even at the end of a year, the affected hand remained weak, so that it was easily fatigued. *Brit. Med. Jour.*

##### THE INFLUENCE OF OBESITY ON THE FEMALE SEXUAL FUNCTIONS.

Dr. Juan Maria Rodriguez writes on the influence, in Mexico, of obesity on menstruation, conception, pregnancy, childbirth, and the puerperium. Fat women are generally irregular in their functions. Menorrhagia is rare; dysmenorrhœa is common. So is amenorrhœa, simple and exfoliative. Amenorrhœa and dysmenorrhœa often alternate. Temporary suspension of the menses is often mistaken for pregnancy, aided by desire and imagination, which latter the author calls "a crazy woman residing in the brains of every one who thinks." Obesity is often a cause of sterility by producing fatty degeneration and atrophy of the ovaries and uterus. Obesity may favor miscarriage, through compression and disturbance of the circulation; it may be a cause of prolonged and difficult childbirth, by impairing the tonicity and contractility of the muscles, and retarding likewise the expulsion of afterbirth, and necessitating bandaging and compression of the stomach after its expulsion. Fat women are considered to be bad wet-nurses.

Obesity is a complaint of rich women. Behier told one of his rich clients, who complained of obesity, to live on three francs, but to earn them by her own work.

In the treatment of obesity, amylaceous food should be abandoned; exercise and steam-baths are useful. Sterility caused by obesity may be relieved by removing the cause.—*Gaceta med. de Mexico*, vol. xxxvi, 1891, p. 289.

### PÆDIATRICS.

#### ON VISCERAL HÆMORRHAGES IN STILL-BORN CHILDREN; AN ANALYSIS OF ONE HUNDRED AND THIRTY NECROPSIES.

Spencer (*The Lancet*, June 20, 1891) in a paper giving a detailed account of a consecutive series of one hundred and thirty necropsies, on fresh, mostly still-born, fetuses, discusses the causation of the hæmorrhage, and reaches the following conclusions:—

1. In children still-born, or dying shortly after birth, congestion or œdema, and hæmorrhages are usually found in various important viscera.

2. These hæmorrhages occur in cases delivered either naturally or by version, or by forceps, through normal or abnormal pelvis; in primiparæ and multiparæ; with large and small children; in "easy" and difficult, rapid and prolonged labors.

3. These hæmorrhages are, however, most frequent and severe in children subjected to much pressure by the parturient canal, or instruments, or the hand of the attendant, especially when delivered by the lower extremity.

4. Cerebral hæmorrhage is more frequently found in still-born children delivered by the forceps than in those born by the breech, and in these latter more frequently than in those born naturally by the head.

5. Hæmorrhage into most of the other viscera is more frequently met with in pelvic than in cephalic presentations.

6. These hæmorrhages and the accompanying injuries are in many cases the cause of still-birth, and when not immediately fatal may be followed by the gravest consequences.

7. They are most likely to be avoided by preventing premature rupture of the membranes, by artificial dilatation of the parturient canal (when necessary), by restricting the employment of version and other artificial manipulations to urgent cases, and by preferring cephalic to podalic version in cases suitable for the former.

8. The use of the forceps should be absolutely limited to cases in which there exists some pressing danger to mother or child, and

it should never be employed merely to shorten the time of labor.

9. In breech presentations, examinations of the genital organs of the child should be carefully avoided during delivery. As soon as the child's limbs are born they should be wrapped in a thick layer of antiseptic wool. If traction be necessary it should be made over wool wrapped around the child's limbs or pelvis. It should never be made by the hand around the child's waist.

10. In delivering the after-coming head, care should be taken that the sterno-mastoid muscles are not unduly stretched or pressed upon. When the after-coming head is in the pelvis, where there is even slight difficulty, resort should be had to the forceps.

#### COMMON THYME IN WHOOPING-COUGH.

Common thyme, which was recommended in whooping-cough three or four years ago by Dr. S. B. Johnson, is regarded by Dr. Neovius, who writes a paper on the subject in a Finnish medical journal, as almost worthy of the title of a specific. During an epidemic of whooping-cough he had ample opportunities of observing its effects, and he came to the conclusion that if it is given early and constantly it invariably cuts short the disease in a fortnight, the symptoms generally vanishing in two or three days. They are liable to return if the thyme is not taken regularly for at least two or three weeks. He gives from one ounce and a half to six ounces per diem, combined with a little marshmallow syrup. It may produce a slight diarrhœa. It is important that the drug should be used quite fresh.—*Amer. Jour. Med. Sci.*

#### ETHERIZATION IN LARYNGEAL CROUP.

Dr. Betz reports the case of a child, aged eighteen months, that presented the typical symptoms of laryngeal croup. The case appeared so hopeless that tracheotomy was, although proposed, rejected. Dr. Betz then proposed "etherization." Three drops of a mixture of ether sulph. 3 parts, acetic ether 1 part, menthol 0.1 part, were ordered to be inhaled every quarter of an hour, just as chloroform is inhaled. It was hoped that the cold from the evaporating mixture would contract the surface blood-vessels of the larynx, and thus reduce the œdema present. The child was seen again in two hours, and the condition had somewhat improved. The etherization to be continued, three to four drops every half-hour. After six hours the



condition was unmistakably better, so much so, in fact, that the etherization could be dispensed with. A piece of intestine filled with ice was placed around the child's neck. After this progress was so rapid that in twenty-four hours the child was out of danger.—*Memorabilien*.

### HYGIENE.

#### ON TAKING FLUID WITH MEALS.

A great deal of misapprehension is often found to exist in the popular mind in regard to matters of eating and drinking; the cause of this, to some extent, is to be traced to old-time sayings which have come down to us in the form of a concentrated infusion of somebody's opinion upon a subject of which he or she was woefully ignorant. One of these misapprehensions to which we may refer is as to the injuriousness of taking fluid with meals. One frequently hears it laid down as a maxim that "it is bad to drink with your meals, it dilutes the gastric juice." By way of explanation we may remark that "it implies that the fluid taken is harmful." Whence this sagacious postulate originally came we cannot tell; it has quite the ring about it of an inconsequent deduction formed by a person whose presumption of knowledge was only exceeded by a lamentable ignorance of the subject. Medical men often find much difficulty in dealing with these museum specimens of antiquated science, for even educated persons are disposed to cling to the absurdities of their youth. Upon this matter Mr. Hutchinson remarks in the last number of his "Archives": "I observe with pleasure that the verdict of general experience and common sense has been confirmed by scientific experiment in the matter of taking fluid with meals." Dr. Tev. O. Stratievsky, of St. Petersburg, after elaborate trials, has found that fluids materially assist the assimilation of proteids, and announces the following conclusion, which it is to be hoped no future experiments will controvert: "On the whole, the widely-spread custom of taking fluids during or just before one's meals, proves to be rational and fully justified on strict scientific grounds. To take fluids with the meals is almost as important an adjunct to digestion as is the mastication of solid food preparatory to swallowing it." It is obvious, however, that there is a limit to the amount of fluid one can swallow with impunity—not to speak of comfort—just as much with meals as at other times. It would be dangerous to

create a general impression that fluid is good with food irrespective of quantity. It is, moreover, a well-ascertained clinical fact that an excess of cumprandial fluid does retard digestion in certain people, and gives rise to discomfort in most. A little attention to one's sensation in such matters will far better fix the desirable limit than all the "data" in the world.—*Medical Press and Circular*.

### PNEUMATIC SOLES.

A pneumatic inner sole or sock for boots and shoes has been brought out to confer great benefits upon people who have tender feet, etc. It is made of hollow India-rubber, inflated with air or gas under pressure, the external protective covering being canvas, linen, skin, or other suitable material, to adapt it to withstand the internal pressure of the compressed air or gas.—*Invention, London*.

### DOES ETHER ASSIST DIGESTION?

The effect of ether on digestive processes in healthy subjects has been recently investigated by Dr. Gurieff, who gave thirty drops of sulphuric ether to six healthy persons during dinner, which consisted of about half a pint of soup, four ounces of meat, and six ounces of bread. It was found that the ether had the effect of stimulating the action of the gastric glands, increasing the free hydrochloric acid in the gastric juice, and causing the peristaltic movements of the stomach, together with its power of absorption, to increase thus; on the whole exercising a favorable effect upon the gastric digestion. The same result was obtained when the ether was administered by means of hypodermic injections. It would appear, therefore, that the effects must be ascribed to a general rather than to any merely local action on the mucous membrane of the stomach. Dr. Gurieff is disposed to think that there is a stimulation of the cephalic centres. This view is partly based on the observations of other Russian observers—Bekhtereff and Miloslevski and Pavloff and Shumova-Simanovskaya—on the dependence of the gastric functions upon the central nervous system.—*Lancet*.

### IODIDE OF POTASH IN URTICARIA.

Dr. Stern (*Norsk Mag. for Lægevidenskaben*, No. 11, 1891) has used small doses of the iodide of potash in five cases of urticaria with successful results.

## MEDICAL CHEMISTRY.

## PRESENCE OF FATTY ACIDS IN SO-CALLED DEFATTED COTTON.

The *Pharmaceutische Centralhalle* states that M. Leick, having treated a number of specimens of cotton wadding, sold as entirely free from grease, to exhaustion with ether and subsequent distillation, the author obtained in every case a solid etheric extract varying from  $\frac{1}{2}$  of 1 per cent. to 1.15 per cent. of the weight of the cotton so treated. This extract reddened litmus paper, and proved to be composed almost entirely of fatty acids, with a minute proportion of resinous matters. The author, continuing his investigations, found that these acids were purposely added by the manufacturers in order to give the wadding a whiter appearance and that crepitant feeling which is peculiar to it. The author concludes that inasmuch as the presence of acids may be an objection under certain circumstances, he would recommend the testing of all "defatted" cotton wadding in the following manner: Weigh out 20 gm. of the wadding, exhaust by ether, and evaporate the latter. After desiccation, the residue should be no more than 3 cg.

## IDENTITY REACTION OF PHENACETIN.

W. Autenrieth and O. Hinsberg have recently published a paper on phenacetin and certain of its derivatives in the *Archiv d. Pharmacie*, volume cccxix., page 456, in which they first communicate a new identity reaction of the substance, and afterwards give the results of their investigations into the nature of the product of this reaction, and into its constitution.

*Identity Reaction for Phenacetin.*—Upon 1 part of finely powdered phenacetin pour 2 parts of nitric acid containing 10 to 12 per cent. of  $\text{HNO}_3$  (specific gravity about 1.075), and heat for a short time to boiling. The liquid will assume a yellow to orange color, and the phenacetin, which had at first remained colorless, will at the same time (so far as it is not dissolved) be converted into a nitro compound of an intensely yellow color. When the liquid cools, a further crop of needles of the yellow (or brownish-red) compound crystallizes out.

Antifebrin and antipyrine remain unaffected when treated in this manner.

If concentrated nitric acid is used, however, antifebrin is colored yellowish-red, and antipyrine yields a red solution.

The meeting point of the characteristic yellow derivative of phenacetin, which was subsequently recognized as *mononitrophenacetin*, or  $\text{C}_6\text{H}_4\text{OC}_2\text{H}_5(4).\text{NO}_2(3).\text{NHCOCH}_3(1)$ , is at about  $103^\circ \text{C}$ .

## THE CONSTITUTION OF THE SWEAT.

From a study of the constitution of the secretion of the sudoriferous glands, Gaube, (*Comtes Rend. des Séances de la Soc. de Biol.*, November 6, 1891) has found that the sweat is of acid reaction in man, but alkaline in the horse, the cow, the dog, the cat, and the pig. Both in animals and in man the secretion contains albumen. The total amount of nitrogen in the sweat is greater than that represented by the contained urea; the excess is largely due to the presence of albumen and albuminoids. In man and in animals the sweat contains diastasic ferments, which are called hydrazymes. In man there are three—an amylase, a pepsin, and an emulsin; in the horse there are two: an amylase and an emulsin. The sweat of man contains little amylase, less pepsin, and still less of emulsin, that of the horse and of several other animals contains less hydrazymes than does the sweat of man.

## THE ACTION OF PARASITICAL PLANTS ON THEIR HOSTS.

At a recent meeting of the *Académie des Sciences*, M. Chatin, speaking on this subject, said that all parasitical plants seriously modify the sap of their hosts, totally eliminating some elements, and on the other hand producing other new ones. He cited as examples the *Ioranthus* grown on *strychnos nuxvomica*, in which no strychnine is found; *botanophora* grown on *cinchona*, in which no quinine is found; and, in the oak-mistletoe, green instead of blue tannin is found. On the other hand, substances are found in parasites which do not exist in the trees on which they are found. Thus, mistletoe contains lime, and the dodder produces yellow and red coloring matters. In the broom-rape of hemp and milfoil a blue color is found; in that of the horseshoe vetch, a rich sulphur tint; and in the broom-rape of thyme, an amethyst shade. The mistletoe and most other parasites contain fecula, which penetrates to the fibre of the wood. In short, all these matters are formed by the parasitical plants themselves.

The presence of the circus poster excites the small boy to deeds of daring and lands him in the hospital cot.

## NEWS AND MISCELLANY.

## THE HORRIBLE GRIP.

[With apologies to the author of "Beautiful Snow."]

Oh the grip, the horrible grip!  
That comes along with an impudent nip,  
In head or stomach, with sneaking stealth,  
And lays a chap, though in excellent health,  
Quite surreptitiously out on his back,  
With all of his energy gone, alack!—  
Sneezing,

Coughing,

Groaning—a sip

Of the terrible malady known as the grip.

Oh the grip, the horrible grip!  
Which doubles one up like a chicken with pip,  
And makes him feel as though he should freeze,  
Though hugging the stove with close-crossed knees,  
And taking quinine grain after grain,  
While fairly yelling with internal pain—  
Shaking,

Shivering,

Shuddering, too,

Since the grip has a grip till he's fairly blue.

Once I was well as the healthiest man,  
With every disease that was known under ban—  
Rollicking, jolly and happy, indeed,  
As a man with never an earthly need;  
But now I shiver whenever I hark,  
And growl in a sort of Peruvian bark—  
Muttering,

Grumbling,

Swallowing a nip,

So bitter, to drive off the horrible grip.

Oh the grip, the horrible grip!  
Wherever it comes from, in schooner or ship,  
As an immigrant, 'tis the most ruthless of bores,  
And ne'er should have landed upon our fair shores.  
The ghost of diseases, it stalks on its way,  
With a most unrelenting, terrible sway,  
Mocking,

Jibing,

Lickety-zip—

Yes, that's the fatality known as the grip.  
—*Philadelphia Press.*

## WANTED, A CURE.

The influenza is once more in the air, wafted hither and thither throughout the habitable globe, a formidable, disabling and fatal pandemic. Once more we are urgently asked on all sides, "Have we a specific? Can we offer a cure?" It is the old delusion and the everlasting and unreasoning, but excusable, impatience for the miraculous and the impossible. "Disease comes by Providence and goes by medicine;" that is a durable and popular formula. Of specifics for sale there are of course a legion. To sell them is the business of the quacks: the Matteis, the Holloways, the Morrisons abound in specifics. There are a dozen available for cholera, for typhoid, for small-pox, for hydro-

phobia, for cancer—all equally plausible and equally useless except for commerce—and why not for influenza? But is there a specific for any disease? It is more than doubtful. The more we know of the nature and cause of disease, of its origin and life-history, the less we are inclined even to expect the discovery of specifics. Disease we know not as an entity, an enemy to be struck down with a club, or to be expelled by a drug, but as a process, the change of tissues and of fluids, the growth of a microbe, the proliferation of a cell, the secretion of a virus. We can modify the processes, we can lessen their virulent products, we can fortify against their worst effects; we can aid the evolution and perhaps guide it to health; sometimes we can arrest it; and often we can anticipate it. Thus we know how to ward off many diseases: Cholera, typhoid, small-pox, hydrophobia, they are enemies whom we can meet at the gate and forbid their approach. Deaths from either of these preventable diseases are for the most part violent deaths, inflicted by the ignorance of the people, the neglect of the sanitary authorities. *Populus vult mori*. In their search for specifics they parley with the enemy and they lose their lives. Of influenza we know less than of most other infections; it is aerial, communicable from person to person, and along the lines of travel. For it, as for scarlet fever, we have only isolation as a preventive and palliatives as a treatment. Perhaps one day we shall know more; but there does not seem any likelihood of the discovery of a specific, and, judging from numerous analogies, it is far from certain that there is in this any ground for reproach. At any rate, it comes badly from a public and from a generation which is content to leave Great Britain without even one Institute of Preventive Medicine, and which is left to an appeal for funds from a Lister and a Roscoe to found such an institute—in which lies a chief hope for further life saving and the advance of preventive and curative knowledge—while millions are lavished on weapons of destruction, or the more obvious means of charitable relief to physical suffering; and finally on the purchase of fraudulent "specifics."—*Brit. Med. Jour.*

"ARE you the judge of reprobates?" said Mrs. Partington as she walked into an office of a judge of probate. "I am the judge of probate," was the reply. "Well, that's it I expect," said the old lady. "You see my father died detested and he left several little infidels, and I want to be their executioner."